



Oxfordshire County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1965


OXFORDSHIRE COUNTY COUNCIL

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HEALTH DEPARTMENT
103 BANBURY ROAD
OXFORD

To the Chairmen and Members of the Health Committee and Education Committee

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1965.

The vital statistics show that the birth rate in the County has again increased, although the national rate has decreased in relation to 1964. In Oxfordshire the rate is the highest since 1947. The infant mortality rates compare favourably with national statistics. Over the past five years there has been a noticeable increase in the numbers of deaths of women from lung cancer, from 10 in 1961 to 25 in 1965. It is expected that this trend will continue in association with the increase in cigarette smoking by women.

The Nuffield Health Centre at Witney is now completed and is being used by the general practitioners, the County health staff, and the hospital consultants. Advantages are already being experienced through the closer integration of the three branches of the health services which has resulted from working together in one building in the centre of the town. At Bicester steady progress has been made on the health clinic at the Old Palace Yard. The clinics at Henley and Banbury have been used very fully, and new services have been made available to the public at both of them.

In the domiciliary services the shortage of district nurses has again made it difficult to provide adequate nursing cover. As far as possible help has been obtained by employing part-time staff, but, with the County population increasing at its present rate, it is necessary to recruit at least two additional nurses each year simply to maintain existing services.

The demand for hospital confinements in Banbury resulted in a situation where County midwives, although responsible for antenatal and postnatal care, had insufficient midwifery work. At the same time the hospital maternity staff could hardly meet the strains of the additional work thrown onto them. In order to meet this situation, and at the same time to provide the continuity of maternity care which is so desirable, an agreement was reached between the Health Committee and the Hospital Management Committee whereby County midwives were given honorary contracts with the hospital and thus were able to deliver their patients in the hospital. This form of cooperation has everything to commend it, and early reports of the scheme are encouraging.

Another development was the decision to employ additional help through the employment of nursing auxiliaries, i.e. state enrolled nurses, voluntary workers trained as nursing aides, or male nursing orderlies, for simple duties such as blanket baths for patients who are not acutely ill. Auxiliaries will work under the supervision of medical practitioners and district nurses and so enable better use to be made of trained nurses and alleviate difficulties due to staff shortages. Similarly the Committee's decision to employ clinic nurses to relieve health visitors of routine repetitive work such as preparation of clinic premises, vision testing, and hygiene inspections should enable more effective use to be made of their services in domiciliary visiting and health education. Both these additional forms of care will strengthen the health services for those who are ill in their own homes, and so help the Health Department to meet the increasing demands made on its staff through the policy of hospital day care and early discharge.

This year the numbers of health visitors have increased, largely as a result of the Committee's decision to train six health visitors each year at the Oxfordshire Health Visitors' Training School. The school has now completed its last course, with all the students passing the examination. The County Health Department has been responsible for the training school since its inauguration in 1946, and the very high percentage of examination successes over the years indicates its value and efficacy. In future it will be administered by the Oxford City Education Department.

The policy of attaching health visitors and nurses to medical practices has been continued, and in Henley, Banbury, Witney, and Bicester infant welfare clinics are run by practitioners with their associated health visitors, for the families for whom they provide medical care. This has proved most successful. In order to coordinate the services still further, agreements have been reached on a reciprocal basis with Berkshire and Buckinghamshire to waive county boundaries for domiciliary health visiting. As a result health visitors attached to practices with patients in an adjoining county will visit them and provide them with the same services as if they were resident in Oxfordshire.

Special attention is drawn to the valuable work of the home help service. The numbers of persons receiving help has increased but the cost per case, and the cost per thousand population, has actually decreased. It is hoped that this points to a better standardisation and uniformity of the service throughout the County. A short series of meetings for home helps was initiated at Banbury at which speakers described the work in other branches of the health services. These proved so successful that similar talks are being extended to cover the rest of the County.

Last year I referred to the additional duties being placed on local authorities by the establishment of new clinics. This year cervical cytology clinics, for the prevention of cancer of the cervix of the uterus, have been established in Henley and Thame. Elsewhere a number of practitioners are running their own clinics on behalf of the County Health Department, or on an individual basis. Similar services are provided at family planning clinics and postnatal clinics. It remains to be seen what advantage will be taken of this service by the public on a long-term basis, but preliminary results indicate that there is a great demand. It also appears that there is a need for more women in the poorer classes, who have married early and have large families, to attend the clinics, and it may well be that health education will have to be directed to this section of the community.

The immunisation figures have remained at a high level and the postponement of smallpox vaccination to the second year of life seems to have been generally accepted. New proposals were adopted by the Council for vaccination against anthrax of those persons whose occupation involves them in risk of infection.

Each year sees an increase in the work undertaken by the ambulance service. In April the establishment was increased in accordance with the new scheme adopted by the Council, but difficulty in attracting recruits delayed its implementation. In November the Council accepted with regret the notice of the St John Ambulance Brigade terminating their agency agreement. This marked the end of a long period of devoted service on behalf of the County Council, a service which was always regarded with the greatest respect by the public, and which brought out the highest principles of voluntary work in all its members. Following the termination of the agreement, it was decided to set up a joint committee to administer a combined service for both the City and County.

Further progress has been made in the development of the community mental health services. Orchard House, the home for the mentally and physically infirm, and Sycamore House, the home for subnormal children, were in full use throughout the year. Planning permission was obtained for an adult training centre at

the Neithrop site; this will relieve the present overcrowding of the centre at Rope Walk. Building was started in Witney on the junior and adult training centres, and the hostel for adult subnormal persons. At Wheatley, by the end of the year, the training centres were reaching completion. In Banbury the Borough Council have given full cooperation to the County by allocating two four-bedroom council houses for persons who can be discharged from mental hospitals, but who have no homes to go to. This new venture will point the way to further development in community care in the County.

The new welfare homes at Bicester and Witney were nearly ready for use by the end of the year. The plans for the homes at Chipping Norton and Woodstock were approved but had to be postponed in accordance with Ministry requirements. A site for a new home has been purchased at Thame. These three new homes will allow the closure of Hensington House.

Throughout the year the health and welfare services have worked as a single department and this has helped greatly in integrating the provisions for those who are ill, for the aged, and for the handicapped. A medical social worker has been appointed with special responsibilities for handicapped young people and school leavers, so that the school health services can be linked closely with the welfare services available to adults. Further integration of hospital and County services has been achieved through the joint appointment of a consultant geriatrician. In this way it is hoped to bridge the gaps in the statutory provisions and knit together the services provided by medical practitioners, hospitals, voluntary bodies, and local authorities for the greater benefit of the handicapped and elderly.

In September Dr J. A. G. Watson left the staff to take up his appointment as County Medical Officer for East Sussex. During his five years as Deputy County Medical Officer in Oxfordshire he worked hard to build up the mental health services and develop the close association and support which is now received from voluntary groups and hospitals. His place has been taken by Dr H. H. John, to whom a cordial welcome is extended, and who, with his experience as Deputy Medical Officer to Oxford City, is already familiar with many aspects of the health services of the area.

While this report was being prepared the sad news was received of the sudden death of the chairman, Alderman F. Wise, OBE. He had been chairman of the Welfare Committee since its formation in 1948, having previously been chairman of the Public Assistance Committee from 1946. For the past six years he had been chairman of the Health Committee, and it was under his guidance that the health and welfare services were merged and developed. At all times he had been available to the officers to give the benefits of his advice, help, and experience whenever it was needed, and his loss will be deeply felt in the Department.

Further details of the work are included in the report. As in other years, I have great pleasure in thanking all the staff for the help they have given most willingly throughout the year, and in preparing this report for presentation to Council.

I have the honour to be,

Your obedient servant,

M. J. PLEYDELL

County Medical Officer of Health

COMMITTEES AND STAFF

MEMBERS OF HEALTH COMMITTEE

Mr F. Wise, OBE, Chairman
Mr R. C. Surman, Vice-Chairman

Council Members

Dame Henrietta Barnett	Mr T. Haskins	Dr G. Scott
Mr F. Barrington Ward	Mrs M. A. Johnson	Sir George Schuster
Lt Col. G. Colchester	Mrs B. Ledger	*Mr R. C. Surman
Mr T. B. Cooper	The Earl of Macclesfield	Mr R. E. Tarrant
*Mr T. L. Easby	The Viscountess Parker	Mr F. Wise
Mr H. A. Farrant	Mrs W. D. de Pass	Mr H. J. Wood
Mr J. A. Fenemore	Mr G. A. Potts	Mr T. E. Worth

Co-opted Members

Oxfordshire Nursing Federation Representatives	The Countess of Macclesfield
	The Hon. Mrs H. Wyndham
Area Executive Council Representative	Dr G. D. Bolsover
Oxford Regional Hospital Board Representative	Mrs M. S. Nowell-Smith
Other co-opted members	Mr E. F. Lambourne
	Mr C. H. Hughes

*Audit Subcommittee

Finance, General Purposes and Mental Health Subcommittee

Mr F. Wise, Chairman	Mr G. A. Potts	<u>Co-opted</u>
Mr F. Barrington Ward	Sir George Schuster	Mr C. H. Hughes
Mr T. B. Cooper	Mr R. C. Surman	
Mr T. L. Easby	Mr R. E. Tarrant	
The Earl of Macclesfield	Mr H. J. Wood	
The Viscountess Parker	Mr T. E. Worth	

Domiciliary Services Subcommittee

Mr R. C. Surman, Chairman	The Earl of Macclesfield	<u>Co-opted</u>
Dame Henrietta Barnett	The Countess of Macclesfield	Mrs M. S. Nowell-Smith
Mr H. A. Farrant	Dr G. Scott	The Hon. Mrs H. Wyndham
Mr T. Haskins	Mr F. Wise	
Mrs M. A. Johnson		
Mrs B. Ledger		

Banbury Day Nursery Subcommittee

Mrs M. A. Johnson, Chairman
Miss G. S. Bustin
Mrs H. E. Burley (representing Banbury Borough)
Mr W. Fox (co-opted)

Welfare Homes Subcommittee

Mr F. Wise, Chairman	Mrs B. Ledger	<u>Co-opted</u>
Dame Henrietta Barnett	The Earl of Macclesfield	Mr C. H. Hughes
Lt Col. G. Colchester	Mrs W. D. de Pass	Mr E. F. Lambourne
Mr T. B. Cooper	Mr G. A. Potts	The Countess of Macclesfield
Mr T. L. Easby	Mr R. C. Surman	Mrs A. Pritchard
Mr J. A. Fenemore	Mr H. J. Wood	
Mrs M. A. Johnson	Mr T. E. Worth	

STAFF

County Medical Officer of Health	Dr M. J. Pleydell, MC, MD, DPH
Deputy County Medical Officer of Health	Dr J. A. G. Watson, MB, BS, DPH (resigned 5. 9. 65) Dr H. H. John, MA, MB, BCh, DPH, DCH, DRCOG (appointed 1. 11. 65)
Senior Assistant County Medical Officer	Dr Dorothy M. H. Roberts, MB, BS, MRCS, LRCP
Assistant County Medical Officer (part-time)	Dr A. J. Campbell, MD, BSc, DPH, Barrister-at-law (retired 30. 6. 65) Dr L. H. Brearley, MB, BS, MRCS, LRCP, DPH (appointed 1. 7. 65)
Medical Officers of Child Welfare Clinics (part-time)	43 general practitioners
Consultant Chest Physician (part-time)	Dr J. M. Black, MD, ChB
Consultant Physician in Geriatrics (part-time)	Dr R. A. Griffiths, MA, BM, BCh, MRCP (appointed 1. 7. 65)
<u>Nursing services</u>	
County Superintendent Nursing Officer Superintendent of Health Visitors Non-medical Supervisor of Midwives	Miss E. Richards, SRN, SCM, MTD, HVCert, QNS
Supervisor of District Nurses (Assistant to County Superintendent Nursing Officer)	Miss A. M. Appleby, SRN, SCM, HVCert, QNS
Deputy Superintendent of Health Visitors	Miss C. E. Henry, SRN, SCM, MTS, HVCert
Health Visitor and Tuberculosis Liaison Officer	Miss M. E. Haslam, SRN, SCM, HVCert (appointed 14. 6. 65)
Health Visitor Tutor	Miss B. Cox, SRN, SCM (pt 1), HVTCert (transferred to Oxford City 31. 8. 65)
Health Visitors/School Nurses	41
District Nurse/Midwives	66
<u>Dental services</u>	
Chief Dental Officer	Mr T. Lucas, LDS, RCS (Eng.)
Divisional Dental Officer	Mr R. L. Davies, LDS, RCS
Dental Officers	Mr R. L. Batty, LDS, RCS (appointed 31. 8. 65) Mr W. J. Cook, LDS, RCS (part-time) Mr H. L. Davies, LDS, RCS Miss J. Lynch, LDS, RCS Mr H. R. Rippon, BDS Mrs L. Stolarow, DAS (retired 30. 11. 65) Mrs P. M. Stuart, BDS (part-time) Mr J. A. Theakston, LDS (appointed 11. 1. 65)

Welfare services

Welfare Services Officer

Mr J. W. Crossley

Deputy Welfare Services Officer

Mr M. Farr

Welfare Officers (part-time)

Mr W. R. H. Beehag
 Mr R. C. A. Charlett
 Mr E. B. Holgate
 Mr A. W. Shepard

Medical Social Worker

Miss K. R. Snell (appointed 8. 11. 65)

Home help service

County Home Help Supervisor

Miss M. E. Reed

Area Home Help Organisers

Mrs A. Aspinall
 Mrs N. Y. Garland
 Mrs B. J. Harris
 Mrs M. M. Smith

Mental welfare services

Senior Mental Welfare Officer

Mr H. S. Heady

Mental Welfare Officers

Mr J. N. Holly (appointed 12. 7. 65)
 Mr T. Kenny
 Mr D. W. Macintosh, DipPSA
 (resigned 28. 2. 65)
 Mrs B. H. Paul, BA (resigned 24. 10. 65)
 Mrs H. M. Watchorne, RMPA, RMN

Mental Welfare Officers (part-time)

Mr W. R. H. Beehag
 Mr R. C. A. Charlett
 Mr E. B. Holgate
 Mr A. W. Shepard

Supervisor of Workshops

Mr G. J. Cooke

County Housing Officer

Mr H. G. Bartram, MIPHE

Occupational Therapists

Miss B. H. Rostance, MAOT
 Miss E. D. Stevens, MAOT
 Miss J. A. Riddell, MAOT
 (resigned 14. 11. 65)
 Miss G. Dickin, MAOT
 (appointed 20. 12. 65)

VITAL STATISTICS

a) General statistics

Area	470,392 acres
Population (estimated mid-1965) total	229,340
Rateable value for whole County (estimated 1st April 1966)	£8,144,137
Estimated product of penny rate for whole County (1965-66)	£31,880

b) Extracts from vital statistics for the year

<u>Births</u>	M	F	Total	
Live births	2462	2385	4847	
Live birth rate (per 1000 of estimated population)(national average 18.1)				21.1 crude 20.4 corrected
Stillbirths	19	23	42	
Stillbirth rate per 1000 total (live and still) births (national average 15.7)				8.5
Total births (live and still)	2481	2408	4889	
Infant deaths	50	32	82	
Infant mortality rate per 1000 live births (national average 19.0)				16.9
Infant mortality rate per 1000 live births		legitimate illegitimate		15.6 40.4
Neo-natal mortality rate (first four weeks) per 1000 live births				10.9
Illegitimate births (live and still)			249	
Illegitimate births per cent of total live births				5.1
Maternal deaths (including abortion)			nil	
Maternal mortality rate				nil
<u>Deaths</u>	M	F	Total	
Total deaths	1112	1006	2118	
Death rate per 1000 of estimated population (national average 11.5)				9.2 crude 9.7 corrected
The main causes of death were:				
Heart disease			714	
Cancer			364	
Cerebral vascular disease			315	
Infectious diseases other than tuberculosis			150	
Other circulatory diseases			89	
Motor vehicle accidents			49	
All other accidents			51	
Gastro-intestinal diseases			24	
Tuberculosis			6	

VITAL STATISTICS OF WHOLE COUNTY
DURING 1965 AND PREVIOUS YEARS

Year	Population estimated to middle of each year	BIRTHS		DEATHS			
		Number	Rate per 1000 of population	Under 1 year of age		At all ages	
				Number	Rate per 1000 net births	Number	Rate per 1000 of population
1	2	3	4	5	6	7	8
							crude *corrected
1956	194,800	3,356	17.2	67	19.9	1,873	9.61 10.09
1957	195,070	3,580	18.35	75	20.9	1,766	9.05 9.50
1958	194,000	3,502	18	61	17.4	1,909	9.8 10.09
1959	200,000	3,784	18.9	75	19.8	1,985	9.9 10.3
1960	201,630	4,055	20.1	82	20.2	1,948	9.7 10
1961	205,680	4,074	19.8	80	19.6	2,059	10 10.5
1962	211,320	4,309	20.3	79	18.3	2,161	10.2 10.7
1963	216,950	4,517	20.8	85	18.8	2,304	10.6 11.5
1964	223,590	4,606	20.6	76	16.5	2,047	9.1 10.1
1965	229,340	4,847	21.1	82	16.9	2,118	9.2 9.7

Rural Districts	Population estimated to middle of 1965	NET BIRTHS			NET DEATHS				
		Num-ber	Rates per 1000 of population		Under 1 year of age		At all ages		
					Num-ber	Rate per 1000 net births	Num-ber	Rates per 1000 of population	
			crude	*cor-rected				crude	*cor-rected
Banbury	17,660	313	17.7	18.7	3	9.5	202	11.4	10.7
Bullington	46,870	1033	22	20.4	23	22.2	417	8.8	9.8
Chipping Norton	17,270	315	18.2	19.4	7	22.2	160	9.2	9.2
Henley	25,550	427	16.7	17.2	7	16.3	223	8.7	8.4
Ploughley	31,550	733	23.2	20.8	13	17.7	206	6.5	9.6
Witney	27,000	641	23.7	23.7	8	12.4	231	8.5	9.9
Urban Districts									
Banbury	24,230	573	23.6	22.1	7	12.2	221	9.1	8.3
Bicester	7,700	226	29.3	26.6	3	13.2	68	8.8	13.2
Chipping Norton	4,290	72	16.7	17	2	27.7	50	11.6	11.4
Henley	10,280	191	18.5	18	5	26.1	149	14.4	9.7
Thame	5,270	139	26.3	25.4	3	21.5	54	10.2	11
Witney	9,620	150	15.5	14.3	1	6.6	89	9.2	11.2
Woodstock	2,050	34	16.5	16.9	-	-	48	23.4	7.4

* A corrected rate having been adjusted for age and sex distribution

PROVISION OF HEALTH SERVICES UNDER
THE NATIONAL HEALTH SERVICE ACT 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

1) Clinic buildings

Banbury

Further attempts have been made to find a central site for a new health clinic in Banbury, but without success. Infant welfare clinics are now held by general practitioners with the health visitors attached to their practices. This innovation has worked very well. Chiropody sessions have been introduced on two mornings a week. The alterations in the uses to which the rooms have been put have greatly increased the effectiveness of the clinic as a whole.

Bicester

A start was made on the new clinic in the Old Palace Yard and it is hoped that it will be in use by mid-1966. The chiropody clinic at The Garth was available for only part of the year, but other clinic sessions, including remedial exercises for children and work group classes, were maintained.

Chipping Norton

Arrangements continued for the joint use with the hospital of The Chestnuts. In addition to infant welfare clinics, work group classes, child guidance clinics, and chiropody sessions are held in the building.

Henley

The full use to which this clinic has been put throughout the year shows how much it was needed and how greatly it has been appreciated by the public. Infant welfare sessions have been increased from once to twice a week. With the system of health visitor attachment, a doctor and health visitor from practices hold separate sessions for patients attending their practices. Chiropody clinics were resumed. Cervical cytology clinics staffed by general practitioners were started in the summer and appointments have been booked up for two months in advance. Group classes for the handicapped have been held each Wednesday; the desire for the disabled to attend the classes provides ample testimony to their value.

Witney - Nuffield Health Centre

Steady progress was made in the building of the new Nuffield Health Centre. By the end of the year the county dental clinic and the general practitioners were working in the health centre, and arrangements were in hand for the transfer of the other county clinics from the Methodist church premises. The provision of hospital outpatients in the same building will be of great value in providing a comprehensive health service for the public. In addition the support of voluntary bodies and individual voluntary workers will be of the utmost help in the running of the centre.

The County Council have been appointed as agents by the Nuffield Provincial Hospitals Trust for the centre. The joint management committee, a subcommittee of the County Health Committee, consisting of members appointed by the general practitioners, the Oxford Regional Hospital Board, and the County Council, met regularly throughout the year. The medical working party, with similar representation, proved to be essential in working out detailed arrangements for the plans of the building, the staffing requirements, the clinics to be held, the general running of the centre, and the numerous problems which presented themselves as the building neared completion.

Details of the services available to the public can be summarised as follows:

General practitioner services

The arrangements for consulting general practitioners, and the services provided by them, are similar to those which existed previously. Patients are seen by appointment, urgent consultations being fitted in as soon as possible. A nurse is in attendance during the day. Between noon Saturday and Monday morning requests for urgent medical attention are made by phone to the patient's own doctor.

County Council services

Clinics are held for infant welfare, cervical cytology, child guidance, chiropody, health education, and antenatal classes. Dental clinics are held throughout the week. Offices have been provided for the health visitors and for the home help organiser working from the clinic, and a district room has been provided for the district nurses serving the area.

Services provided by voluntary bodies

Voluntary workers help at the infant welfare clinics, in the sales of welfare foods and refreshments, and in the supply of nursing aids from the room set aside for use as a medical loan depot.

Hospital services

The following hospital outpatient clinics are being provided:

Diseases of the chest	Ophthalmic
Geriatrics	Orthopaedic
Gynaecology	Physical medicine
Surgery	Psychiatry, both children and adult

2) Premature births

The number of premature births notified, as adjusted by notifications transferred into or out of the area, was:

	<u>In hospital</u>	<u>At home</u>	<u>In private nursing homes</u>	<u>Total</u>
Premature live births	246	18	-	264
Premature stillbirths	28	1	-	29

Table I

Weight at Birth	Premature live births												Pre- mature still births	
	Born in hospital				Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Died				Died				Born	
		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1. 2lbs 3oz or less	7	6	-	-	-	-	-	-	-	-	-	-	2	-
2. Over 2lbs 3oz up to & includ- ing 3lbs 4oz	18	6	2	-	2	1	1	-	1	1	-	-	5	-
3. Over 3lbs 4oz up to & includ- ing 4lbs 6oz	48	3	2	1	2	-	-	-	-	-	-	-	14	1
4. Over 4lbs 6oz up to & includ- ing 4lbs 15oz	46	1	-	-	5	-	-	-	-	-	-	-	4	-
5. Over 4lbs 15oz up to & includ- ing 5lbs 8oz	127	1	1	-	7	1	-	-	1	-	-	-	3	-
6. Total	246	17	5	1	16	2	1	-	2	1	-	-	28	1

2) Stillbirths

Causes of stillbirths amongst children born to persons resident in Oxfordshire

The analysis of the causes of these stillbirths is as shown in table II.

Table II

	Male	Female	Total
Chronic disease in mother	-	-	-
Acute disease in mother	-	1	1
Diseases and conditions of pregnancy and childbirth	4	6	10
Absorption of toxic substances from mother	2	2	4
Difficulties in labour	1	1	2
Other causes in mother	-	-	-
Placental and cord conditions	4	4	8
Birth injury	-	-	-
Congenital malformation of the foetus	4	2	6
Diseases of foetus and ill-defined causes	6	9	15
All causes	21	25	46

4) Congenital abnormalities

In 1965 the Department was notified of 93 children born during the year with a total of 105 congenital defects. A return of children with defects notified at birth is submitted to the Registrar General. A classification of the reported defects and comparable figures for previous years are given in the accompanying tables:

Table III - Notified congenital abnormalities

Year of birth	Children affected	Defects recorded
1963	92	104
1964	104	112
1965	93	105

Table IV - Congenital abnormalities in babies born in 1965

Categories	Stillbirths			Infant deaths			Observation register			All groups		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
Central nervous system	3	1	4	3	2	5	3	8	11	9	11	20
Eye, ear	-	-	-	-	1	1	1	1	2	1	2	3
Alimentary system	1	2	3	1	-	1	6	5	11	8	7	15
Heart and great vessels	-	1	1	2	1	3	2	3	5	4	5	9
Respiratory system	-	-	-	-	-	-	1	-	1	1	-	1
Urogenital system	-	-	-	1	-	1	7	1	8	8	1	9
Limbs	-	1	1	1	1	2	14	16	30	15	18	33
Other skeletal	-	-	-	-	-	-	2	-	2	2	-	2
Other systems	-	-	-	1	-	1	1	4	5	2	4	6
Other malformations	-	-	-	-	-	-	3	4	7	3	4	7
All abnormalities	4	5	9	9	5	14	40	42	82	53	52	105
Total no. of children involved	4	3	7	6	3	9	38	39	77	48	45	93

5) Observation Register

The Observation Register has now been in operation for four full years and the number of entries and deletions are shown in table V. It will be noted that there has been a further appreciable rise in the number of entries in respect of children born in the current year, and this represents 19.2% of the total live births in 1965. The selection criteria have been modified slightly in the light of experience and this will result in some reduction in the number of entries in the future. Cases will also be deleted as soon as developmental checks indicate satisfactory progress in order to prevent the register becoming too unwieldy. Enquiries have been made into the possibility of transferring the data to the authority's computer so as to expedite follow-up arrangements and analysis. Certain difficulties have emerged in relation to the limitations of the available machine, and the matter is being studied.

Table V

Year of birth	No. entries	Deleted			Notified to		Number remaining on the register
		Satisfactory reports	Died	Moved out of county	Mental health	School health	
1959	5	2	-	1	-	2	-
1960	43	8	5	4	3	23	-
1961	104	45	10	16	7	26	-
1962	404	239	17	76	7	65	-
1963	820	510	35	178	7	90	-
1964	835	242	34	158	-	1	400
1965	926	14	23	41	-	-	848
1959-65	3137	1060	124	474	24	207	1248

6) Ophthalmia neonatorum and puerperal pyrexia

Five cases of puerperal pyrexia were notified.

7) Deaths ascribed to pregnancy or childbirth

No deaths occurred in 1965.

8) Antenatal care

Classes were held in seventeen areas, some being small groups in private homes. Those in Bicester, Carterton, Henley, Kidlington, Thame and Witney ran almost without a break through the year. 377 women attended, the majority expressing satisfaction with the help given. Midwives, too, report better cooperation from women who have attended classes, with a consequent reduction in demand for gas and air analgesia. Because of the opportunities for group discussion and the teaching of parentcraft provided by these classes, they make a valuable contribution to the health and welfare of mothers and young children.

Three 'Parents' Evenings' were held in conjunction with antenatal courses - a very successful and well-attended one being at Henley in December, when Dr Salmon spoke on 'The role of the father'. It is hoped to extend 'Parents' Evenings' as new health clinics become available.

9) Maternity accommodation

The booking of cases on social grounds is undertaken by the local authority in conjunction with the medical practitioner concerned.

10) Care of unmarried mothers

A close liaison exists between the County Health Department, the North and Mid-Oxon Association for Moral Welfare, and the South Oxfordshire Moral Welfare Association.

In 1965, 168 cases were referred to the moral welfare workers; the majority were maternity cases, all of whom needed help in some form. One hundred and nineteen were unmarried mothers, their ages ranging from 15 to 40. Financial assistance was provided for 32 persons accommodated in mother and baby homes.

11) Dental care

Mr T. Lucas, the Chief Dental Officer, has contributed the following:

'The number of children under five years of age treated in our clinics remains depressingly small, although there has been an increase in the numbers examined. Although there are indications that more five year olds are starting school dentally fit in the urban areas, there is a vast amount of dental treatment needed for pre-school children in the whole County. All our Health Department staff must make a sustained effort to persuade mothers that diseased deciduous teeth are just as much a cause for concern as disease in any other part of the body. Apart from the obvious ill effects of bad teeth, the majority of our orthodontic problems of crooked teeth are complicated by the fact that these deciduous teeth have to be extracted far too early in the child's life. The problem of overcoming the indifference shown by the majority of mothers is very great. Very many of our children come from less sophisticated environments where dental care is only one of the problems. It must be very difficult for the health visitor continually to teach, in the face of all this apathy, that dental decay is a preventable disease and that regular dental inspections are necessary from the age of three onwards, but although no dramatic breakthrough can be expected, I am sure the occasional converts make it worthwhile. When we have more pre-school children coming to us for inspections and treatment we can then accept the Ministry's recommendation to employ dental auxiliaries to treat them, but it is difficult to make these appointments if parents of thousands of children in need of treatment are not bringing them along. Sustained dental health education in our infant welfare clinics is the only solution.'

12) Ascertainment of deafness in young children

Babies born in hospital or at home are referred for consultant opinion to exclude deafness in those cases where special observation is considered necessary.

13) Day nurseries

The Banbury nursery, with 35 places, was open throughout the year and the average sessional attendance was nineteen.

14) Nurseries and Child Minders Regulation Act 1948

Ministry of Health Circular 5/65 amplified and modified advice previously given on the administration of the Nurseries and Child Minders Regulation Act 1948. Councils were asked to review their arrangements for the keeping of registers, and supervision of premises and persons. In Oxfordshire the number of new child minders and premises registered each year can be shown as follows:

<u>Year</u>	<u>Child minders</u>	<u>Premises</u>
1949	-	2
1953	1	-
1956	1	-
1957	1	-
1958	3	-
1959	1	-
1960	3	-
1961	5	-
1962	11	6
1963	6	1
1964	9	4
1965	3	4

Advice and publicity are provided through health visitors who carry out regular inspections, especially of persons and premises recently registered. An advisory memorandum was prepared for applicants for registration, advising on the standards required in accommodation, diet, staffing, and the training and care of children.

There are now a total of 27 registrations in the County: 15 for child minders and 12 for nurseries. Twenty-five visits were made in respect of these registrations.

15) Distribution of welfare foods

Welfare foods were distributed from 105 distribution centres in the County. In Banbury welfare foods are sold from the Banbury Clinic on two half days of the week, and from two chemists shops in the town.

I should like to express my appreciation and thanks to all voluntary helpers for the valuable work they are undertaking in storing and distributing welfare foods, often from their own homes at personal inconvenience.

During the year the following items were distributed:

- 53,497 tins National dried milk
- 63,370 bottles of orange juice
- 3,655 bottles of cod liver oil
- 4,202 packets of vitamin tablets

The Ministry of Health chose Oxfordshire to try out a new preparation of welfare cod liver oil with 0.1% BPC spearmint oil, in the hope that this would be more acceptable to infants and young children. In the event, however, the new preparation did not prove to be popular and accordingly sales were discontinued.

MIDWIFERY AND HOME NURSING (SECTIONS 23 and 25)

The work carried out by our domiciliary nurses and midwives during 1965 has followed closely the pattern of the past three years. There have been slightly fewer domiciliary confinements but, as midwives, our staff have spent more time on the antenatal care and education of the pregnant woman and on postnatal visits to those people who have been delivered in hospital but discharged home early in the lying-in period. While midwives are fully aware of the importance of good antenatal care, they are also concerned lest the drop in home confinements may result in loss of confidence and skill at the time of delivery. Further, those midwives who have been approved as 'teaching midwives' frequently find that there are insufficient domiciliary confinements booked for pupil midwives to get the necessary ten cases. At the time of writing this report, only two pupil midwives are taking the three-month training in the County.

In January 1965 Miss Z. Goodall, Educational Supervisor to the Central Midwives Board, visited three of the County's approved teaching midwives. She discussed training methods and saw the equipment issued to midwives and pupils. A most satisfactory report was received following this visit.

During the year a new analgesic apparatus for the use of midwives was approved by the Central Midwives Board. This apparatus gives a mixture of nitrous oxide and oxygen. Twelve machines have been purchased and distributed and reports from those midwives who have used the Entonox machine are very satisfactory.

During 1965, 109 midwives notified their intention to practice, 43 in hospital practice, 59 in domiciliary practice and 7 in private practice.

Eight County midwives attended postgraduate courses in accordance with the rules of the Central Midwives Board. All have appreciated the opportunity of learning new techniques, as well as benefitting from the discussions with colleagues from hospitals and other local authorities.

General nursing

While the number of midwifery cases has been dropping, the number of patients requiring general nursing care has increased. Visits paid to general nursing cases rose from 101,560 in 1964 to 105,669 in 1965.

The greatest demand has been for care to the elderly and chronic sick as every effort is being made to maintain these people in their own homes.

The Ministry of Health Circular on the Use of Ancillary Help in the Local Authority Nursing Services recommended that authorities undertake a study of the content of the work done by their nursing staff. A study was carried out in Oxfordshire and it was found that 28% of nursing visits were for the purpose of general care, e.g.washing and dressing patients, and 12% for the purpose of blanket bathing. It is obvious that such duties could be carried out by state enrolled nurses and nursing auxiliaries and efforts are being made to recruit such persons for duties in the urban areas, where they will work along with the fully qualified district nurses. Our nursing staff are being made more aware of all the services which can be provided to assist in the care of the elderly or housebound, the home help service, meals on wheels and occupational therapy. Many requests are also made for nursing aids such as special beds, pulleys and hoists so that the patient may receive the best possible care.

Disposable equipment is being widely used to conserve nurses' time. During 1965, 16800 disposable incontinence pads were used. These are distributed to chronic sick and disabled persons.

Staff

On December 31st 1965 the equivalent of 61½ full-time nurse midwives were in post. Of these, seventeen were part-time nurses who give invaluable assistance in caring for the elderly and in the nursing of patients discharged early from maternity hospitals.

The County Nursing Officer and her assistant made 143 visits of inspection to staff and, in addition to this, 25 visits were paid to child minders.

Table VI

New cases				Cases del.in institutions attended on discharge & before the 14th day	Total visits	Medical aid summoned		Ante-natal visits	Post-natal visits
Doctor not booked		Doctor booked				Dr en-gaged	Dr not en-gaged		
Dr at del.	Dr not at del.	Dr at del.	Dr not at del.						
2	5	147	692	1898	25312	233	-	10030	392

Table VII - Home nursing

1	Medical	Surgical	Infectious diseases	Tuberculosis	Maternal complications	Other	Totals	Patients included in 2-7 who were over 65 at time of first visit during year	Children included in 2-7 who were under 5 at time of first visit	Patients included in 2-7 visited during year
Number of cases attended during the year	3450	798	6	53	140	-	4447	2250	257	4325
Number of visits paid during the year	79408	19467	52	2493	851	3398	105669	-	-	-

HEALTH VISITING (SECTION 24)

The scope of the health visitors' work has been widened this year, as many of the visits formerly undertaken by the welfare officers have been transferred to them. These duties are mainly concerned with the care of the elderly and disabled, applications for hospital admissions or welfare accommodation, the need for meals on wheels or the home help service. A new register of disabled persons has been compiled with recommendations of any improvements which could be made in the help being given.

More health visitors have been allocated to work with general practitioners, and at Carterton the practitioners have made an office available for the health visitor in their surgery premises. There is also closer liaison with medical social workers, especially in the field of geriatrics. One health visitor now attends the weekly case conference at Cowley Road Hospital. This link between hospital, general practice, and local authority service must result in better care of the patient in need, but the increasing demands for the services of our health visitors has inevitably resulted in many of the staff working under great pressure.

The situation has been particularly difficult in the Banbury area, where the birth rate has been high and the adult population is also increasing rapidly.

Health visitors are continually reminded of the need for health education for the whole family, and in particular the help and advice required by teenage parents. During 1965, 624 more babies were visited than in the previous twelve months.

Nine health visitors attended postgraduate refresher courses, where the chief topic for discussion was the new syllabus for the health visitor training course.

Three health visitors attended the special course for field work instructors, to enable them to participate in the practical training of health visitor students.

Staff

Recruitment of staff was somewhat easier during the year and on December 31st there were 38 health visitors in post out of an establishment of 41. Five student

health visitors are being sponsored for the training this year, and it is hoped that when training is completed in July 1966 some of the burden may be lifted from those who, at present, carry excessive case loads.

The cases visited by the staff are as follows:

<u>Cases visited by health visitor</u>	<u>No. of cases</u>
1. Children born in 1965	5181
2. Children born in 1964	4311
3. Children born 1963-61	8990
4. Total number of children in lines 1-3	18482
5. Persons aged 65 or over	1431
6. Number included in line 5 who were visited at the special request of GP or hospital	334
7. Mentally disordered persons	86
8. Number included in line 7 who were visited at the special request of a GP or hospital	32
9. Persons discharged from hospital (other than mental hospitals)	165
10. Number included in line 9 who were visited at the special request of a GP or hospital	148
11. Number of tuberculous households visited	592
12. Number of households visited on account of other infectious diseases	36

Child welfare clinics

The policy has been adopted of providing fixed child welfare centres for comparatively small groups of mothers living in rural areas. The clinics, which are staffed by general practitioners, are greatly valued by the mothers; they form useful centres for giving advice, providing health education and maintaining a high standard of vaccination and immunisation in the population.

Number of clinics held in County Council premises (Banbury, Bicester, Henley, Thame and Witney)	5
Number of clinics held in suitable local premises (e.g. village halls, church halls)	76
Clinics opened during the year	4
Clinics closed during the year	nil

List of clinics

Adderbury	Combe	Kidlington	Steeple Aston
Ambrosden	Deddington	(Church Hall)	Sandhills
Bampton	Enstone	Kidlington	Sonning Common
Banbury	Ewelme	(Foresters Hall)	Stadhampton
Benson RAF	Eynsham	Kingham	Standlake
Benson Village	Filkins	Kirtlington	Stanton Harcourt
Berinsfield	Finstock	Leafield	Stanton St John
Bicester	Forest Hill	Littlemore	Stonesfield
Bletchington	Fritwell	Lower Heyford	Swalcliffe
Bloxham	Garsington	Mapledurham	Tackley
Bodicote	Goring	Middle Barton	Thame
Bunker's Hill	Great Milton	Milton-under-	Warborough
Burford	Great Tew	Wychwood	Watlington
Carterton	Hanborough	Minster Lovell	Wheatley
Chadlington	Henley-on-Thames	Nettlebed	Witney (Methodist
Chalgrove	Hethe	Northleigh	Church Hall)
Charlbury	Hook Norton	Old Marston	Witney (Windrush
			Valley Estate)

Checkendon	Horspath	Peppard	Woodcote
Chinnor	Islip	Rose Hill	Woodstock
Chipping Norton	Hailey	Upper Heyford	Wootton
Clifton Hampden		Whitchurch	Wroxton
			Yarnton

Health Visitors' Training School - 1964/65 course

Twenty-five students attended the last course to be run by the County Council for the training of health visitors. All the candidates passed the examination.

This made a fitting end to the County Training School, which has been running annual courses successfully since 1946. As a result of the alterations in the new syllabus for health visitor training, the extension of the training curriculum to an academic year, and the need for increased staff and improved premises, the Committee decided that in future courses should be run by Oxford City Education Authority as a form of further education rather than by the County Health Department.

The twenty-five students were sponsored as follows:

Royal County of Berkshire	8	Northampton County Borough	2
Cornwall County Council	1	City of Oxford	5
City of Gloucester	1	Somerset County Council	3
Isle of Ely	1	Oxfordshire County Council	2
Staffordshire County Council	2		

Supervision of maternity and nursing homes
(under the Conduct of Nursing Home Regulations 1963)

The following homes are inspected each year to ensure they maintain the standards required by the Regulations:

1. Tracey House, 42 Broughton Road, Banbury	General	(13 beds)
2. St Andrew's Nursing Home, St Andrew's Road, Henley-on-Thames	General	(8 beds)
3. Thames Bank Nursing Home, Goring-on-Thames	General	(28 beds)
4. Buddleia Nursing Home, Witney	Maternity	(2 beds)

VACCINATION AND IMMUNISATION (SECTION 26)

The numbers of vaccinations and immunisations of infants increased as compared with 1964. Fewer babies were vaccinated in the first year of life, and the policy of postponement to the second year seems to have been generally accepted.

Anthrax: In November the County Council amended their proposals under Section 26 of the National Health Service Act, to provide for arrangements to be made for vaccination against anthrax for people exposed to risk of infection in their occupations.

a) Vaccination against smallpox

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during the year 1965.

Under 1		1		2 to 4		5 to 15		Total	
Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc	Prim-ary	Re-vacc
361	-	1958	1	349	16	40	117	2708	134

b) Diphtheria, whooping cough, tetanus and poliomyelitis immunisation

Details of children immunised against diphtheria, whooping cough, tetanus and poliomyelitis by the end of the year are shown as follows:

Year of birth	1965		1964		1963		1962		1958-61		Others under age 16		Total	
	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster
Diphtheria	1855	-	1955	277	161	656	57	83	118	3030	94	295	4240	4341
Whooping cough	1850	-	1940	265	160	614	53	69	79	1029	17	39	4099	2016
Tetanus	1855	-	1955	277	163	655	57	83	129	2966	326	380	4485	4361
Polio-myelitis	1328	-	2680	11	393	22	157	20	394	3313	133	270	5085	3636

c) BCG vaccination

1. Schools

	Eli-gible	Con-sents	Consent rate	Absent from skin test	Skin tested	Absent from read-ing	Posi-tives	Positives re-actor rate	Negative and vaccinated
Grammar & secondary schools	2845	2504	88%	124	2381	80	278	11.7%	2023
Private schools	310	238	77%	5	233	1	45	19.3%	187
Total	3155	2742	86.9%	129	2614	81	323	12.3%	2210
Teachers training college	4	4	100%	-	4	-	3	-	1

2. Contacts

BCG vaccination was given to 446 Oxfordshire County contacts at clinics held at the Churchill Hospital, Horton General Hospital, Banbury, and Chipping Norton War Memorial Hospital. BCG vaccination was given to eight Oxfordshire County contacts at Reading and Henley chest clinics.

AMBULANCE SERVICE (SECTION 27)

Administration

There were several changes in staff in 1965. Mr Groves, the Deputy Ambulance Controller, retired after 24 years valuable service, and Mr Allen, who had been Chief Clerk since 1948, was promoted to fill the vacancy.

In November the St John Ambulance Brigade, who have acted as agents for both the City and County since the inception of the National Health Service Act 1946, gave formal notice of their intention to cease their agency arrangements at the end of the 1965/66 financial year. The Brigade decided that, owing to the changes and increases in the nature and demands for the ambulance service, the system under

which the Brigade acted as agents for the City and County Councils, should be terminated.

I would like to express my sincere thanks to all members of the St John Ambulance Brigade for their unstinting loyalty to the service and the many hours of voluntary duties performed at any time of night and day in all kinds of weather.

In order to maintain a coordinated ambulance service for their areas, the Oxford City and Oxfordshire County Councils have appointed from among their members a joint committee, under Section 91 of the Local Government Act, to carry out from 1st April 1966 their duty under Section 27 of the National Health Service Act 1946.

Stations

Work on new ambulance stations at Witney and Chipping Norton continued during the year: both stations are expected to be in use early in 1966.

Staff

During the year additional staff has been recruited in accordance with the recommendations of the Organisation and Methods Team. One additional driver was authorised at each station in order that the 40-hour week could be implemented without increasing the number of hours of standby duty.

Vehicles

Under the annual replacement scheme two large and one small ambulance was ordered. In order to relieve pressure on the demands made upon the hospital car service and to accommodate the extra demands upon the service, two additional sitting case vehicles were ordered.

Location of stations and establishment

The two part-time stations at Woodstock and Wychwood were closed during the year.

<u>Location</u>	<u>Vehicles</u>		
	Ambulances	Dual purpose SCC/1 stretcher	Full-time staff
Banbury	3	3	18
Bicester	1	1	6
Chipping Norton	1	1	5
Crowmarsh	1		5
Henley	2	3	8
Kidlington	1	1	5
Thame	1	1	5
Witney	<u>2</u>	<u>1</u>	<u>8</u>
	12	11	60

Patients carried and mileage travelled

The number of patients carried during the year shows an increase of 20,966 over the 1964 total, whilst the miles travelled show an increase of 108,302 miles. Tables 1 and 2 give details of patients carried and miles travelled during the past five years whilst tables 3 and 4 relate to the mentally handicapped and children who are conveyed to special schools or training centres.

OXFORD CITY AND COUNTY AMBULANCE SERVICE

	<u>Year</u>	<u>HCS</u>	<u>Taxi</u>	<u>Ambul- ance</u>	<u>Total</u>	<u>Oxford City</u>	<u>Gross total</u>
Table 1							
<u>Patients</u>	1961	43228	16134	31074	90436	2925	93361
	1962	44441	26656	34057	105154	3061	108215
	1963	43155	33253	38410	114818	2958	117776
	1964	51604	38457	42136	132197	3640	135837
	1965	57741	46248	48517	152506	4297	156803
Table 2							
<u>Mileage</u>	1961	498618	147252	321914	967784	18072	985856
	1962	503137	197742	246481	1047360	19022	1066382
	1963	503088	218561	382888	1104537	15638	1120175
	1964	578439	295903	407544	1281886	17661	1299547
	1965	639644	331188	416121	1386953	20896	1407849
Table 3							
	<u>Year</u>	<u>HCS</u>	<u>Taxi</u>	<u>Gross</u>			
	1961	7908	9094	17002			
	1962	9611	19079	28690			
	1963	10405	26356	36759	School children and mentally handicapped included in table no. 1		
	1964	14046	30069	44115			
	1965	13708	36109	49817			
Table 4							
	1961	58663	67463	126126			
	1962	67925	114350	182275			
	1963	79811	136479	216290	Miles in respect of table no. 3 patients		
	1964	112770	209424	322194			
	1965	106368	229334	335702			

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

Health education

Conferences. Three conferences on health education were attended by the health visitor for health education, one for teachers on sex education, one for obstetric physiotherapists on preparation for childbirth, and one for health education officers on mass media.

Miscellaneous. Twelve talks were given on a variety of health subjects to various women's organisations and youth clubs.

Poster of the month campaign. Posters on a given subject were displayed for two months at a time in all the child welfare clinics simultaneously. The value of this is hard to assess, but the majority of health visitors feel it is worth while.

'Better Health'. Copies of the magazine, published by the Central Council of Health Education, were circulated to health visitors monthly for six months, and their comments invited. The majority wish to continue and some have asked for extra copies for use in clinics.

Health visitors' training school. Three lectures were given, two on 'The role of the health visitor in health education' and one on 'Visual aids'.

Further reports on health education are included under the sections dealing with venereal disease and the school health service.

Occupational therapy

Statistics	1964		1965	
	January to June	July to December	January to June	July to December
Total number of visits	1628	1768	1755	1823
Total number of patients	207	274	363	394
New patients	55	82	145	179
Activities of daily living referrals	36	111	111	199
Work groups - Centres	6	6	6	6
- Sessions	129	125	140	130
Average number of patients at groups	58	74	70	70
Old people's homes attended	1	2	2	2
Total earnings at industrial groups	£ s d		£ s d	
	528 6 8		414 7 9	
Sales at City Retail Shop	744 0 0		879 14 10	
Sales and earnings apart from City Retail Shop - Account	329 3 5		438 10 2	
	637 3 11		517 11 1	
Retail	966 7 4		956 1 3	

The table of figures shows the continuing increase in that part of the work dealing with activities of daily living, but this has not occurred at the expense of other aspects. The sales of articles at the City Retail Shop are up, although there is a slight decrease in the figures for office sales. Receipts from all earning activities include: making daily living aids, collating offertory envelopes, making enuresis machines and mats, wool rewinding, lettering of posters, making loose-leaf binders, and a new activity - mounting press cuttings for a public relations firm in London. The decrease is due to the shortage of work from the plastics factory for the work groups. This is the best paid and altogether the most suitable type of outwork in this area and it is a pity that it is in such short supply.

Social events

The main event of the year was, as usual, the garden party and craft competition run in cooperation with the City occupational therapists, and this year's was the most successful ever.

In addition, some patients had a river trip and some went to Cheltenham for the day. A new venture was a flower show held at Watlington with much assistance from local friends. This, too, was most successful and attracted interest in other areas, providing as it did an opportunity for disabled gardeners to show their produce and exchange ideas and methods. One exhibitor, who has hemiplegia, showed a comprehensive collection of tools and equipment specially suitable for disabled people, which he has tested in his own garden with fine results.

Staffing

The establishment was increased to four in April, but not until July did continuous advertising yield any results when a part-time therapist was appointed. The move to 103 Banbury Road brought closer cooperation with the welfare services, which is most valuable.

There have been several meetings with the home teachers for the blind, with whom

closer cooperation is growing. There are considerable differences in emphasis and organisation which make complete integration impractical but in certain instances patients attend both handicraft classes, and the work groups and further interchange of this kind should prove very valuable.

Work groups

Banbury. The Banbury work group meet once a week for $2\frac{1}{2}$ hours in the afternoon at a room connected to the Blacklock Arms, Banbury. Over the last year there have been six members of the group, with a voluntary worker who helps in the general running of the group. The group consists of patients with hemiplegia, heart complications, bronchitis, arthritis, and muscular atrophy.

The majority of work is of a light industrial type supplied by a plastics firm. It is clean, easy to handle, and can be graded. The patients are paid for the amount of hours they work.

Bicester. The Bicester work group meet once a week at The Garth Clinic, Bicester. A voluntary helper supervises the patients with their work in the afternoons so that the occupational therapist can carry out domiciliary visits.

The work undertaken mainly consists of plastics, which involves sorting and breaking up parts.

Chipping Norton. The Chipping Norton work group meet for a full day on Wednesdays at The Chestnuts, a house attached to the Chipping Norton Memorial Hospital. There have been fifteen regular members attending during the year. A WVS member has supervised the group since it was formed, and has taken a kindly interest in all the patients and their activities. Regular factory work has not always been available but this group is resourceful and enthusiastic and has tackled any kind of odd jobs that have been available.

The doctors and staff of the Chipping Norton Hospital take a lively interest in the group and there is a happy companionship between its members. Local friends helped with the organisation and transport for an outing on the river in August, and a Christmas party was given by the matron on January 5th. Payment for tea, coffee, and biscuits at Wednesday meetings is given by a local church organisation.

The only difficulty at this weekly gathering is the lack of regular outwork but it is hoped to have a better supply in 1966.

Henley. The Henley Work Group meet once a week at the Henley Health Clinic. There is close close cooperation with the home teacher for the blind and three non-sighted patients have attended throughout the year; three new persons have been referred. To free the occupational therapist for visiting during the afternoons, the WVS arrange for helpers to attend. This provides an invaluable service which contributes much to the well-being of the patients.

The work undertaken includes the finishing of metal badges, windscreen wipers, jewellery labels, key tags, plastic lapel brooches, and, when factory work is unobtainable, sanding and polishing lampstands for sale.

Witney. The Witney Work Group meets for a full day on Mondays in the small waiting room of the Methodist church rehabilitation clinic. Twenty patients have attended during the year but no further referrals could be accepted until the group can move to the larger physiotherapy room. Two of the group died in December, but two spastic patients were placed in permanent training centres (a farm in Dorset and an industrial workshop in Birmingham). Our assessment of these young people, through their regular attendance at the group, was a help to their future employers.

A retired occupational therapist kindly helped to supervise the group during the summer months and it was helpful to have the physiotherapy department available, as several of our patients attend both centres. Work during the year was supplied from Mosses Plastics, Kidlington, and the average earnings worked out at approximately 1s 1d per hour. Many of the workers have a poor output due to their disabilities, but sharing of the pay is taken in good part by the more able patients.

Enough surplus tea money was saved by the group treasurer, an aphasic hemiplegic girl, to finance a coach trip to Cheltenham in August, and further plans are being made for 1966.

Cervical cytology

Following discussions with the Local Medical Committee for the County and City of Oxford, the Health Committee agreed to set up cervical cytology clinics staffed either by general practitioners or County medical officers working from County health clinics, or general practitioners working in their own surgeries with assistance, if required, from County health visitors or nurses. For this purpose the following proposals were submitted to, and approved by, the Minister of Health:

'National Health Service Act 1946
Section 28 - Prevention of illness, care and after care
Proposals of the Oxfordshire County Council for the modification of their existing proposals under Section 28 of the National Health Service Act 1946 for the prevention of illness, care, and after care.
Screening for the early detection of cancer of the cervix.'

In Bicester general practitioners are holding clinics in their own surgeries. In Thame the same arrangement applies, but in addition Dr D.M.Roberts, Senior Assistant County Medical Officer, holds a clinic once a fortnight at the Thame Cottage Hospital. In Henley the Health Department started a weekly clinic staffed by local practitioners on June 14th. Elsewhere cervical smears are taken by practitioners, not working on a sessional basis, at family planning clinics, at hospital postnatal clinics, and venereal disease clinics. The results of all examinations are recorded and filed at the Oxford Regional Hospital Board Statistical Bureau so that women can be recalled regularly as frequently as is considered necessary. The results are also notified to individual practitioners for their own records. An analysis of the examinations undertaken at County cytology clinics is shown in the following tables:

Cervical cytology table						
	Henley		Thame		Total	
Attendances	197		100		297	
<u>Social class*</u>						
1	47	24%	11	11%	58	19.5%
2	57	29%	21	21%	78	26.2%
3	68	34.5%	47	47%	115	38.7%
4	8	4%	11	11%	19	6.4%
5	1	.5%	1	1%	2	.7%
Not stated/retired	16	8%	9	9%	25	8.5%
<u>Age groups</u>						
24 and under	0	-	3	3%	3	1%
25-29	24	12.2%	30	30%	54	18%
30-34	34	17.2%	26	26%	60	20%
35-39	38	19.3%	14	14%	52	17.5%
40-44	40	20.3%	16	16%	56	18.8%
45-49	32	16.3%	6	6%	38	12.7%
50-54	20	10.2%	4	4%	24	8.8%
55-59	5	2.5%	-	-	5	1.6%
60 and over	4	2%	1	1%	5	1.6%

There has been a good response from the public to these clinics, but it can be seen from the table that this response has come mainly from persons in social classes 1 to 3. It has been shown that cancer of the cervix is more common in the poorer classes. There is a steady rise of the mortality rates from social class 1 to more than double in social class 5. The condition is also more common in those who have married early. These facts point to the need for health education and encouragement for mothers with large families in the poorer classes to attend for examination.

*Social classes are defined by the Registrar General under the following broad headings:

Class 1	Professional etc. occupations
Class 2	Intermediate occupations
Class 3	Skilled occupations
Class 4	Partly skilled occupations
Class 5	Unskilled occupations

Marie Curie Memorial Foundation

The County Nursing Officer has continued to draw on the funds made available by the Foundation, and during the year £168 has been spent on persons in need.

Medical loan depots

The British Red Cross Society have continued to provide articles on loan from their medical loan depots in various parts of the County. Some articles are loaned free, while a small charge is made for others. During 1965, 455 articles were loaned for County patients.

The St John Ambulance Brigade have provided articles on loan from their medical loan depots at Banbury, Barton, Charlbury, and Shipton-under-Wychwood. A small charge is made for the loan of these articles.

Nursing equipment and domiciliary nursing aids

The demands on the loan service continue to increase. In some instances doctors have reported that the provision of an aid prevents the admission of a patient to hospital or allows a patient to be nursed at home during a terminal illness. On other occasions an aid may determine whether a patient can be discharged from hospital to home. Requests for incontinence pads have increased: it is found that their use reduces laundering, and no problem has arisen in regard to disposal.

Two rooms have been made available for storage of equipment at Wheatley and this arrangement has worked satisfactorily. A register is maintained of all persons receiving aids so that they can be visited six monthly to ensure that the aid is in use and is still needed. Hoists have been found of particular help for patients who are partially paralysed. Special beds have enabled patients to maintain a certain amount of independence. Lifting poles, commodes, and sanitary appliances are other items of equipment which have proved invaluable in maintaining the morale of patients and helping them to remain at home with the support of the district nurse and home helps.

Recuperative holidays

On the recommendation of medical practitioners, 16 men, 39 women, and 4 children were sent to various convalescent homes, mainly at resorts on the south coast. Over half the adults for whom arrangements were made were over the age of sixty.

Contributions towards the cost of convalescence were assessed in accordance with the scale approved by the County Council.

Miss P.E. White, Branch Welfare Officer of the Oxfordshire British Red Cross Society, has kindly submitted the following report:

'The Oxfordshire Branch of the Red Cross organised a group holiday for eighty disabled persons and friends, plus helpers, at a holiday camp in North Devon at the end of September. Thirty-nine members of this group came from the County. The Red Cross provided all the helpers and arranged the day-to-day activities of the group.

'Coach trips, car rides, shopping expeditions and a boat trip were all on the programme, interspersed with entertainments laid on by the camp authorities. Apart from the weather, the holiday was a great success.'

Chiropody service

The chiropody services are provided for elderly and handicapped persons and approximately 3375 patients have received treatments during the year in County Council clinics and from voluntary organisations.

Once again increasing demands have been made for this service. Chiropody sessions are now held at nearly all the County health clinics, and grants are made to voluntary associations to enable chiropody services to be made available elsewhere in the County.

(a) County Council services

Banbury	In addition to the sessions provided by Miss Stokes in her own surgery, two sessions a week are now held at the Neithrop Clinic.
Bicester	One session a week is held at the Garth Clinic.
Chipping Norton	One session a fortnight is held at The Chestnuts.
Henley	Eight sessions are held each month at the Henley Clinic.

Advertisements for the appointment of a full-time chiropodist jointly with Oxford City proved unsuccessful.

(b) Service provided by voluntary organisations

A grant of £2000 was made available to the British Red Cross Society for the clinics they provide at the following villages:

Adderbury, Bampton, Begbroke, Bicester, Burford, Chalgrove, Churchill, Clanfield, Fewcott & Ardley, Filkins, Fringford, Goring, Hailey, Hethe, Hook Norton, Islip, Kidlington, Kingston Blount, Minster Lovell, Northmoor, Old Marston, Shiplake, Sonning Common, South Stoke, Standlake, Stoke Row, Tetsworth, Thame, Tiddington, Watlington, Wheatley, Woodcote, Yarnton.

A grant of £965 was made to the Oxfordshire Association for the Care of Old People for the clinics at:

Beckley, Benson, Bletchington, Carterton, Chadlington, Charlbury, Chinnor, Clifton Hampden, Deddington, Dorchester, Enstone, Ewelme, Eynsham, Forest Hill, Freeland, Fritwell, Great Haseley, Great Milton, Kingham, Littlemore, Leafield, Long Hanborough, Lower Heyford, Northleigh, Milton-under-Wychwood, Shipton-under-Wychwood, Woodstock, Wootton.

A grant of £95 was made to the Women's Voluntary Service for the chiropody clinic which is held once a month at Banbury.

HOME HELP SERVICE (SECTION 29)

The provision of home helps as a service is an important element of community care, one on which the domiciliary health and welfare services as a whole increasingly depend for their proper functioning. The reorganisation of the service has made a considerable improvement to the standardisation and uniformity of the service throughout the County. It is possible to give personal supervision to all cases receiving help, and for the allocation of hours to be constantly reviewed so as to avoid any abuse of the service. Helpers are recruited on a personal basis and encouraged to be aware of the important role they play not only in the home help service but as a vital link in the whole pattern of the health and welfare services. As a form of in-training, a series of four lectures have been held in Banbury and proved to be of outstanding value. It is hoped to continue in this way in other parts of the County.

The number of persons assisted during the year shows an increase - the greater proportion being over 65 years of age.

	65 years and over on first visit	Aged under 65 years at first visit				Total no. of persons helped
		Chronic and TB	Mentally disordered	Maternity	Others	
1963	633	36	7	24	68	768
1964	657	35	35	36	67	800
1965	739	68	10	67	66	950

Details of persons receiving help

Persons living alone		Total	Couples and old persons with lodgers etc.	Families with father only in the home	Families with mother only in the home	Families with both parents in the home	Total
M	F						
121	412	533	287	4	7	119	950

Total number of blind or partially sighted cases assisted during the year was 37.

Total number of helpers employed was 502 (all part time)

Approximate full-time equivalent = 114.

438 cases were new or short term during the year and included in the over-all figure 950.

Number of new cases assisted during 1965 and referred by:

GP	DN/M	H/V	MSW	Welfare	Mental health	NAB	Personal	Other	TOTAL
195	28	103	55	8	6	11	17	15	438

65 years and over on first visit	Aged under 65 years at first visit				TOTAL
	Chronic and TB	Mentally disordered	Maternity	Others	
283	34	7	65	49	438

MENTAL HEALTH

Mental illness

A welcome, moderate reduction (15%) in the number of hospital admissions for mental illness occurred in 1965. It will be noted from table I that slight increases in the number of admissions under Sections 25 and 29 were more than compensated for by a substantial reduction in the number of informal admissions. The total admissions is the lowest for a full year since the Mental Health Act 1959 came into operation and is particularly commendable in view of the steady annual increase in the population.

The community care concept has a very great deal to commend it and the benefits are clearly evident. However, the relatives and family doctors are frequently called upon to carry an appreciable additional burden and adequate support from the Council's mental welfare officers is very necessary.

Table I - Hospital admissions (mental illness)

Method of admission	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Certified	45	27	37	19	2	1.60	-	-	-	-
Vol. & temp.	223	268	341	235	3	to				
Observation	15	121	105	165	54	31.10.60				
Informal				54	193	315	273	259	308	238
Section 29 (emergency)					9	62	56	48	55	60
Section 25 (observation)					5	13	27	30	24	29
Section 26 (treatment)					-	9	7	7	7	7
Other sections (60 & 65)								5	3	3
Totals	283	416	483	473	266	399	363	349	397	337

Study of table II will reveal that there was little change in the number of visits to mentally ill and subnormal persons undertaken during the year. Unfortunately, it was not possible to maintain a high visiting rate in the last quarter owing to shortage of staff. Considerable difficulty is being experienced in recruiting staff of the right calibre and at the time of writing there are two vacancies out of a staff establishment of six mental welfare officers.

Table II - Social work (mental illness and subnormality)

	Supervisory visits	Special reports	Psychiatric invest. no action required	After-care visits	Misc visits employt. etc.	Total visits
1959	955	127	2	77	320	1481
1960	898	122	1	355	567	1943
1961	1023	52	48	758	805	2686
1962	992	10	12	1105	965	3084
1963	803	7	16	864	951	2641
1964	1226	6	1	1147	1425	3805
1965	1388	4	2	1270	1172	3836

Other important aspects of local authority support for the mentally sick include the provision of sheltered workshops and residential facilities. It is often helpful to take such individuals into a senior training centre, either as a long-term placement in the case of the severely handicapped, or, preferably, as a short-term measure to re-establish work patterns and so assist in rehabilitation with return to open employment. Reference will be made to residential provisions later in the report.

Mental subnormality

There has been a further increase in the number of subnormal persons under supervision, as will be observed from table III. The rates expressed per 1000 of the estimated mid-year population for 1965 (229,340) for subnormal persons in hospital and at home are quoted in table VII. A further increase in the incidence of subnormal persons at home is recorded. The slight decline in the hospital rate is an indication of inadequate facilities rather than diminished needs.

The incidence of subnormality is influenced by numerous, complex and sometimes conflicting social and medical factors. The latter include advances which make prevention possible on the one hand and improve life expectancy of subnormals on the other.

There has been virtually no change in the number of subnormal patients in hospital and maximum use is made of the limited available accommodation. A grave shortage of hospital beds is recognised by the consultants in subnormality and by the Regional Hospital Board. The officers of the Board are doing their utmost to provide additional beds in the near future, but in the meantime intermittent short-term care is usually all that can be provided for the younger age groups, despite on occasion a pressing need for permanent placement.

No change took place during the year in the number of mentally handicapped persons under guardianship.

The numbers attending the training centres have shown little variation. The senior centres at Witney and Banbury are both somewhat overcrowded and the new provisions are eagerly awaited. It is hoped to recruit a suitable person to organise further education at the adult centres as it is recognized that there is scope for extension of this aspect of training. The new premises will facilitate such provision.

Table III - Mental subnormality

	Informal supervision	Guardianship	Hospital	Total
Number of patients known to LHA 31.12.61	378	12	279	669
Number of patients known to LHA 31.12.62	401	15	280	696
Number of patients known to LHA 31.12.63	468	14	282	764
Number of patients known to LHA 31.12.64	505	11	290	806
Number of patients known to LHA 31.12.65	539	11	292	842

Table IV - Hospital admissions and discharges (mental subnormality)

1. Number of Oxfordshire patients in hospital 31.12.64	290
2. Admitted to hospital during the year:	
detained on sections	2
informal admissions long term	12
informal admissions short term	36
	50
3. Number discharged, or died, during the year	48
4. Number in hospital 31.12.65	292

Table V - Guardianship: cases at 31.12.65

	Under 16	Over 16	Total
Mentally ill	-	2	2
Subnormal and severely subnormal	2	7	9

Table VI - Training centres as on 31.12.65

	Under 16		Over 16		Total
	M	F	M	F	
1. Witney	9	8	15	15	47
2. Banbury**	19	13	23	16	71
3. Borocourt Day Hospital	8	10	7	5	30
4. Oxford City	2	3	2	4	11
5. Brighton*	0	0	0	1	1
6. Spastic Centre	3	2	0	3	8
7. Bradwell Grove Day Hospital	0	0	2	0	2
8. Maidenhead Training Centre	0	0	0	1	1
Total	41	36	49	45	171

** In addition ten Northamptonshire patients attend this centre.
* This is an Oxfordshire patient under the guardianship of this authority and fostered in Brighton.

Table VII - Incidence of subnormality

Year	Total	Rate/1000	Hospital	Rate/1000	Home	Rate/1000
1965	842	3.67	292	1.27	550	2.40
1964	806	3.60	290	1.34	516	2.26
1963	764	3.52	282	1.30	482	2.22
1962	696	3.30	280	1.33	416	1.97
1961	669	3.26	279	1.36	390	1.90
1960	616	3.06	280	1.39	336	1.67
1955	598	3.12	268	1.40	330	1.72
1950	497	2.88	179	1.04	318	1.84

Employment of the mentally handicapped

The total earnings for work undertaken at the adult training centres is shown in table VIII and continues at a very satisfactory level. Payments to individual trainees are made on the basis of productivity, application to work, and general behaviour, and useful amounts of pocket money may be earned. Earnings ranged from £3 15s to 10s per week with an average of 18s 6d per trainee over the year.

Orchard House - Handicaps of residents

Description of persons	Males	Females
1. Not materially handicapped		
(a) Elderly		
(b) Others		
2. Blind		
(a) Elderly	1	
(b) Others		
3. Deaf		
(a) Elderly		1
(b) Others		
4. Epileptic		
(a) Elderly	1	1
(b) Others		
5. Other physically handicapped		
(a) Elderly	3	10
(b) Others		
6. Mentally handicapped		
(a) Elderly	5	13
(b) Others		
Total	10	25

C. Group home, Banbury

It was hoped to open the first group home for the mentally sick in the course of 1965. In the event, a suitable house did not become available in Banbury until January 1966, but this has now been equipped and opened. It will be more appropriate to discuss this venture in the annual report for 1966. However, in brief, a four-bedroom house has been rented from Banbury Borough Council and will accommodate up to five residents. Places will be made available for socially competent individuals who are retained in hospital or likely to require admission because of the lack of family support. One resident will act as housekeeper and the others will be found suitable work. The home will be self-supporting and the residents will contribute their share of the economic rental. Earnings are made up to a satisfactory level by the National Assistance Board when earnings are inadequate. Grateful acknowledgment is made of the support provided by Banbury Borough Council and its officers, and the officers of the National Assistance Board.

Projects

1. Wheatley - New junior and adult training centres

Some delay was encountered in construction but the centres were eventually handed over to the Health Department early in 1966 and opened after some initial staffing difficulties. They meet a need for training facilities in the eastern part of the County, including the fringe areas of the City.

2. Witney

a) New junior and adult training centres

The centres are now in an advanced stage of construction and it is anticipated that they will be completed in June-July 1966. This will permit closure of the present adapted premises, which, although far from ideal, have served the area well in the past. Indeed, the staff are to be congratulated on their achievements despite the difficulties with which they have had to contend.

b) Hostel for subnormal adults

Construction of the hostel has commenced and it is scheduled for completion in April 1967.

3. Banbury

a) Group homes for the mentally handicapped

Reference has already been made to the opening in January 1966 of the first of the series of group homes which it is hoped to establish in the County. It is planned to establish a second in Banbury in the course of the summer 1966. Further homes will be opened to serve other parts of the County where a clear need for such provision can be demonstrated.

b) New adult training centre

Progress has been hampered by difficulties in obtaining planning permission. However, this has now been secured and it is anticipated that building will commence in June 1966.

Staffing

Attention has already been drawn to the difficulty in obtaining staff of the requisite calibre for the rapidly expanding mental health services. This is a consequence of the general expansion in such services and shortage of trained workers. There is considerable competition for the available workers with consequent departure from national salary scales. The only satisfactory long-term solution is the adoption of training schemes which would stimulate recruitment, improve standards and contribute to the national pool of mental health workers.

WELFARE SERVICES

Welfare accommodation

Implementation of the requirements under Section 21 of the National Assistance Act 1948 means providing accommodation suitable for men and women; for people from differing social backgrounds; for the elderly able-bodied or younger age groups who are suffering from mental or physical handicaps; and for the very frail who require constant day and night attention. Much has been done, and future plans will do more, to meet these varied requirements. The present provision in the County is as follows:

Adderbury House, near Banbury	69 beds
Bucknell Manor, near Bicester	69 beds
Chilterns End, Henley-on-Thames	43 beds
Godswell, Bloxham	34 beds
Hensington House, Woodstock	106 beds
High Leas, Henley-on-Thames	18 beds
Orchard House, Sandford-on-Thames	35 beds
Shillingford Homes, Warborough	59 beds

Orchard House is the specially designed home which was built under the provisions of Section 28 of the National Health Service Act for the mentally infirm, and this experimental project has been praised by the Minister of Health following a recent visit to the premises.

Two new homes are in the course of construction at Bicester (30 beds) and Witney (45 beds) and they should do much to assist in the closing down of older institutional premises at Hensington House, Woodstock, in addition to easing the pressure on the normal waiting list, which at present stands at 113 and includes some 30 cases awaiting admission from hospital.

Circular no. 18/65 emphasised the necessity to provide a higher degree of care and attention in our residential homes than has been customary in the past. The greater degree of frailty of residents has become evident because of the supportive domiciliary services, which tend to assist elderly persons to stay in their own homes for as long as possible. Consequently some of our older premises are not now entirely suitable.

Sheltered housing. Following adoption of the County Council scheme of grants to district councils who provide sheltered housing with welfare facilities, more dwellings of this kind are being erected and there is no doubt this is a substantial contribution in providing the necessary care and attention for the less frail.

Temporary accommodation

Section 21(1)(b) of the National Assistance Act 1948 requires county and county borough councils to provide temporary accommodation for persons rendered homeless in circumstances which could not reasonably have been foreseen. At the end of the year the following temporary accommodation was provided:

✓ Cotefield House, Bodicote	10 units
Walnut Villa, Fritwell	2 units
Market End House, Bicester	10 units

Market End House is shortly to be closed, and in order to obtain alternative accommodation representation has been made to the various housing authorities in the hope that they would be able and willing to assist. The authorities concerned have been most helpful and a number of cases are still receiving special consideration.

Further premises are in the course of adaptation at Deddington, where it is hoped to provide three more units.

Guaranteed rent scheme. Authority has recently been given to ensure that no loss is incurred in rent arrears for cases which have been rehoused by local housing authorities. This guarantee covers a twelve-month period, and eventually it is hoped that, with supportive social work, families will once more be integrated into the community. New cases who are threatened with the danger of eviction are brought to the notice of the department and the appropriate services are introduced forthwith in order to prevent them becoming homeless, thereby creating the need for admission to temporary accommodation premises or taking children into care.

Meals on wheels

A substantial contribution to home care has been made by expanding the meals on wheels service. The meals on wheels service is mainly organised through the agency of the WVS, who recover 1s 6d from each recipient of a meal; the balance of the total cost of the meal, which averages 3s 2d, is subsidised by the County Council. The WVS volunteer drivers are also reimbursed at the rate of 6d per mile in respect of the delivery of these meals.

No report would be complete without a tribute to the voluntary organisations who supplement many of our services, notably the chiropody service and old people's clubs. There is no doubt that, without their assistance, many gaps would be left in caring for the elderly in their own homes.

Protection of property

When necessary, storage is arranged for items of furniture and personal property. Storage charges and any out-of-pocket expenses are recovered from the persons concerned. Various stores are maintained in suitable outbuildings at the welfare homes for this purpose, but, where the patient has sufficient means and storage is required, private firms are approached. Four cases have been dealt with during the year ended December 1965. This is often onerous work which may become very involved.

Cooperation between County Council and hospital services

Dr R.A.Griffiths, Consultant Physician in Geriatrics, appointed jointly by the Oxford Regional Hospital Board, the County Council, and the United Oxford Hospitals, has kindly submitted the following report:

'The purpose of appointing a Consultant Physician in Geriatric Medicine with this wide ambit of responsibility was to coordinate geriatric services, particularly in the North Oxfordshire area.

'One of my main responsibilities is the assessment of "border line" patients with a view to their retention at home with full social service support, admission to appropriate geriatric welfare home or admission to hospital. This assessment is made on a continuing basis to utilise the facilities available so that they might be of greatest value to the maximum number of old people. Where necessary, visits have been made to the elderly at home and in welfare homes to assess their capabilities in the environment in which they are placed, other assessments being made at the Assessment Clinic at the Horton General Hospital. It has been possible to comply with the Ministry of Health's directive HM (65) 77 "Care of the elderly in hospitals and residential homes" in placing more disabled patients in the present welfare homes by giving support in the Banbury Day Hospital.

'The present welfare homes were excellent at the time of their conception since the elderly population was comparatively smaller and less aged and disabled. With the passage of time a more disabled clientele is requiring welfare home care and attention, and a different concept of that care and attention is evolving as the national economic strain of a comprehensive geriatric service becomes apparent.

Oxfordshire is meeting these commitments by erecting purpose-built welfare homes with adequate ground floor accommodation, lifts and toilet facilities. The first of these in the North Oxfordshire area opens at Bicester on 1st April 1966; the matron and warden are qualified nurses with special experience in this type of care. Interdependence of the welfare and hospital facilities are to some extent illustrated by the accompanying figures, though these give only a bald expression of the development of this comprehensive service, increasing liaison and cooperation of all personnel.

Banbury Day Hospital (December 1965)

9 patients attended from local authority
 3 patients attended from Godswell House
 5 patients attended from Adderbury House
 1 patient attended from Brackley House

'Between them they accounted for 202 sessions in the month or 20.9% of the day hospital work. Twenty-three patients attended for preventive and social reasons. accounting for 335 sessions or 34% of the outpatient work. These latter represent an overlapping interest of hospital and local authority.

Admission to Neithrop Hospital (1.7.65 to 31.12.65)

August	7	Adderbury House
September	2	Adderbury House
October	3	Adderbury House
November	2	Adderbury House
	1	Hensington House
	1	Godswell
December	1	Adderbury House

'At the end of December the current inpatients comprised:

12 from Adderbury House
 1 from Godswell

'A minimal care unit has been started at Pines I on the Neithrop site with six rooms, two patients to a room. One of the ideas behind this venture is to assess social competence for returning home or admission to a welfare home. Approximately eight are waiting for welfare home accommodation suitable to their physical capabilities.'

Oxfordshire Association for the Care of Old People

Mr L.W. Wood, Honorary Secretary of the Oxfordshire Association for the Care of Old People, has kindly let me have the following report:

'The Association has had a busy and effective year. The chiropody service was expanded still further; a new series of local meetings was begun; the Association Bulletin was first published in November 1964; and the handicrafts exhibition in the County Hall, Oxford, was crammed with exhibits.

'The usual services of the Association were continued with success; the club leaders' conference and the annual meeting provided opportunities for stimulating discussions and thought on the work of the Association; the holiday parties returned full of praise for the arrangements made for them; and the clubs themselves served an increasing number of elderly people.

'Clubs. During the year new clubs were opened at Fritwell, Mapledurham, and Weston-on-the-Green, making a total of 53 clubs in direct touch with the Association. A list of the clubs, their secretaries, date, time, and place of meeting has been widely circulated. To see the whole picture of the amount of voluntary work for old people that is undertaken in Oxfordshire, the many clubs organised by the British Red Cross Society and the Women's Voluntary Services should be added to this list. It is very encouraging to see that such an amount of voluntary help is

provided, and that the club members are encouraged to play their part in the management and conduct of their clubs.

'Holidays. 235 old people went on concessionary rate holidays, 195 to Gorleston-on-Sea, and 40 to Paignton, Devon.

'The committee paid careful attention to the friendly visiting of old people in their village, to the visiting of elderly patients from the villages in Oxford hospitals, to the problem of accidental hypothermia in old people, and the registration of private homes.

'Wardens of local authority accommodation. The committee invited the wardens of bungalows and flatlets for old people, built by the housing authorities, to two informal conferences during the year. In many cases the wardens met each other for the first time, discussed their common problems and made the acquaintance of leaders of the voluntary organisations concerned with the welfare of old people in their own villages. Some three or four wardens then attended two training courses arranged by the National Old People's Welfare Committee.'

Welfare of the handicapped

Miss K.R.Snell was appointed as medical social worker in the Health Department on the 8th November. By the end of the year a number of young handicapped persons had been referred to her, whose physical handicaps had resulted in difficulty in obtaining or keeping employment. In the future handicapped school children should be well known to the medical social worker before they reach school-leaving age, so that they can not only be guided to suitable occupations, but helped to lead as full a life as their handicap allows.

Progress has been made in getting to know the older physically handicapped children and their parents, including several who are so disabled as to be more or less housebound. A vacancy has been obtained in a voluntary home for a sixteen year old, whose care is proving too great a strain on his mother.

Distribution of car badges to disabled drivers

At the end of 1965, 107 badges were in use by disabled drivers to enable them to obtain sympathetic attention for parking their vehicles. Badges are renewed at yearly intervals on application, or when a new vehicle is obtained.

Welfare of the blind

Miss F.M.Delves, Secretary to the Oxford (City and County) Society for the Blind, has contributed the following report:

Registration. There were 343 blind persons on the register on 31st December 1965 compared with 357 on 31st December 1964. Thirty-six newly registered were added during the year and there were eight inward transfers. Fifty-eight were removed from the register owing to death or leaving the County: none was removed because of improved sight.

Blind population. The age groups for blind persons in Oxfordshire is shown, as required by the Ministry of Health, in the following table:

<u>Age</u>		<u>Age</u>		<u>Age</u>		<u>Age</u>		<u>Age</u>	
0	-	4	1	21-29	4	60-64	22	85-89	55
1	2	5-10	6	30-39	9	65-69	30	90 & over	24
2	1	11-15	5	40-49	13	70-79	85	age n. k.	-
3	-	16-20	8	50-59	26	80-84	52	total	343

Register of Partially Sighted Persons. The number of partially sighted persons on the register at 31st December 1965 was 175 as compared with 165 in 1964. The following table shows the age classification in the form required by the Ministry of Health:

Age		Age	
0-1	-	21-49	27
2-4	2	50-64	17
5-15	15	65 & over	107
16-20	7	total	175

Incidence of blindness and partial sight. The following table gives particulars of the 37 blind and 33 partially sighted persons registered during the year:

			Cause of disability					
	Cataract		Glaucoma		Rentrolental fibroplasia		Others	
	Blind	Partially sighted	Blind	Partially sighted	Blind	Partially sighted	Blind	Partially sighted
(i) Number of cases registered during the year in respect of which form BD8 recommended:								
a. No treatment	-	-	-	-	1	-	14	2
b. Treatment (medical, surgical or optical)	3	6	3	7	-	-	16	18
(ii) Number of cases at (i)b. above which on follow-up action have received treatment	1	6	2	6	-	-	14	14

Ophthalmia neonatorum. No notifications of ophthalmia neonatorum were received.

Employment

Homeworkers. On 31st December 1965 four homeworkers were employed in the homeworkers' scheme, two as basket makers, one as brushmaker, and one as machine knitter. The basket makers were fully employed, but the brushmaker needs more orders since his trade has been cut by nylon brushes in multiple stores. The machine knitter keeps fully employed if orders for socks for County Council homes can be maintained. Again, trade is inclined to be cut by cheaper socks in stores.

Other employment. The following table gives details of the 21 blind persons in open employment:

Professional, administrative and executive workers		Craftsmen, production workers, labourers	
Lecturers	2	Machine tool operator	1
Clergy	1	Fitters and assemblers	8
Clerical workers		Inspectors	1
Telephone operator	1	Process workers	1
		Labourers	1
Sales workers		Service workers	
Shop assistant	1	Domestic workers	2
Animal husbandry		Sewing machine mechanic	1
Poultry keeper	1		

Placement service. The Ministry of Labour undertakes the placement of suitable blind persons in employment other than commercial appointments, which remain the responsibility of the Royal National Institute for the Blind. The Council's staff cooperate in this service by referring those seeking employment to the appropriate agency and supplying any relevant information. The service was widely used during the year. The new appointment of Miss K.R.Snell, the medical social worker, should be helpful.

Home teaching service. The following is a summary of the work carried out through the home teaching service during the year:

Number of visits to blind persons	4391
Number of visits to partially sighted persons	1076
Number of lessons given at home	805

General social welfare

The Oxford (City and County) Society for the Blind acts as an agent for the County Council and provides for the general social welfare of the blind and partially sighted. The Welfare Committee, formed by some members of the Executive Committee, meets once a month to consider applications for grants from each home teacher in turn for the people on their register. Grants are made for clothing, special foods, bedding, convalescent holidays, repairs to wireless sets, braille watches, clocks, etc.

The decision of the County Council to be responsible for payment of Talking Book rentals is very much appreciated and releases voluntary funds for other purposes.

Through the generosity of the British Wireless for the Blind fund all blind people who need them have free wireless sets on loan and the Society pays for batteries when required.

All blind aids such as white sticks, braille clocks and watches, etc., are easily available when required and the blind person pays all or part of the cost if they wish, otherwise it is met by the Society.

A large number of blind and partially sighted persons are in receipt of special pensions from the London Association for the Blind, the Metropolitan Society for the Blind or the Royal National Institute for the Blind (Sir Beechcroft Towse and Emma Nye pensions).

The communal holidays for the blind and partially sighted were started in 1961 when 153 people, including guides, went on holiday. The practice has grown so much in popularity that in 1965 there were 186 participants in the scheme. The blind person and their guide each pay about two thirds of the accommodation charges and the balance of these charges, together with the cost of the coaches and various outings at the resort, is met by the Oxford Society for the Blind, assisted by grants from the County Council and Oxford City Council, as the blind people of Oxford City also take part in the holidays.

The handicraft classes at Henley-on-Thames, Kidlington, and Banbury are very well supported, as is also the monthly social centre at Banbury. Through the co-operation of the County Council in the matter of transport, it has been possible to extend the number of people able to attend the class at Kidlington. It is hoped, in the not too distant future, to open a handicraft class and possibly a social centre at Bicester, but this will not be until the proposed fifth home teacher is appointed.

Many organisations in the County are very active in arranging parties and outings for the blind and their work is much appreciated. The Society also arrange outings for all age groups - picnics for the children, pantomime for the adolescents, trips to London for the workers, and outings and tea parties for the elderly.

The Oxford Society for the Blind purchased a house at Charlbury to be used as the headquarters for the Society and as accommodation for the secretary, and

plans are in hand to plant a scented garden there and to entertain blind people there throughout the summer.

One blind man was sent to the social rehabilitation centre at Bridgnorth and a deaf-blind man attended the course for the deaf-blind organised by the Southern Regional Association for the Blind. One home teacher attended the home teachers course run by the same association.

All these activities would appear to be very beneficial to blind and partially sighted persons, who are now enabled to get out and meet other people with similar handicaps. The contacts made are invaluable and broaden the horizons of everyone concerned.

Deaf persons

Mr P. L. W. Hunt, Superintendent Missioner of the Deaf for the Oxford area, has contributed the following report:

The Superintendent for the Oxford area of the Oxford Diocesan Council for the Deaf is responsible for the welfare of the deaf in Oxford City, the whole of Oxford County and parts of Berkshire adjacent to the City. The following statistics are given for Oxfordshire as at 31st December 1965:

Description	Children under 16 years		Persons aged 16-64		Persons 65 and over		Total
	M	F	M	F	M	F	
Deaf with speech	10	7	9	12	5	5	48
Deaf without speech	11	10	16	17	4	5	63
Hard of hearing	-	-	4	13	10	13	40
	21	17	29	42	19	23	151

It will be appreciated that there are many more people suffering from some degree of hearing loss who are not at present known and are therefore not included in the hard of hearing figures as shown above.

Welfare for the deaf has embraced such routine work as regular visits to the sick, aged, lonely, and the deaf/blind and also assistance has been given in interpreting in the courts, in hospital, in the surgeries, whilst seeking work, in solicitors' and insurance offices, etc. The welfare officer is in close liaison with otologists, teachers to the deaf, speech therapists, local authority departments and other organisations to ensure that the best possible service is available and given.

The deaf meet together at the Deaf Centre in Oxford on three evenings a week for social, recreational and educational activities. Art classes are held throughout the year and recently a weekly English class has been arranged with a qualified teacher to the deaf in attendance. Church services are held weekly in Oxford and every five or six weeks at St Leonard's Church, Banbury.

A minibus kindly loaned by the local branch of the National Deaf Children's Society is used for bringing people from country districts into Oxford for special social events and church services.

The Hard of Hearing Club operates on Wednesdays in Oxford and a youth club for the deaf is held twice a month.

With the acquisition of more staff to help with the hard of hearing in the County, it is hoped to establish club nights for the deaf and hard of hearing in Banbury.

Close contact is maintained with the National Deaf Children's Society and the welfare officer serves on the committee, thus establishing valuable contact with the parents of deaf children.

The staff are usually available on club nights and after church services and are nearly always engaged in easing the day-to-day difficulties of the deaf. At the Oxford Deaf Centre there are many voluntary helpers and in this connection the management committee of the new centre, together with other committees, are doing valuable work amongst and for the deaf.

Epilepsy

During 1965 there were ten persons in the care of the Welfare Homes Committee in the epileptic colonies.

TEN-YEAR DEVELOPMENT PLAN OF LOCAL AUTHORITY
HEALTH AND WELFARE SERVICES
(as revised in 1965)

Capital programme 1965/1966

Health

(a) Clinics

Bicester

Witney Health Centre (furniture)

(b) Mental health

Witney - hostel for adult subnormal persons (25 places)

Witney - junior training centre (40 places)

Witney - adult training centre (50 places)

(c) Nurses' houses

Four - Chinnor, Garsington, Bicester (2)

(d) Ambulance stations

Chipping Norton

Witney

Welfare

(a) Residential accommodation for the elderly

Bicester (30 places)

Witney (45 places)

Woodstock (45 places)

Chipping Norton (45 places)

(b) Residential accommodation for homeless families

Deddington - accommodation for 3 families (new provision)

(c) Structural alterations

Passenger lift, Bucknell Manor Old People's Home

Capital programme 1966/1967

Health

(a) Clinics

Banbury

(b) Mental health

Banbury - adult training centre (80 places for mentally subnormal,
20 places for mental illness)

Banbury - accommodation for mentally disordered (furniture)

(10 places in two council houses rented from housing authority)

(c) Nurses' houses

Four

(d) Ambulance station

Crowmarsh

Welfare

(a) Residential accommodation for the elderly

Thame (45 places)

Capital programme 1967/1968

Health

(a) Clinics

Kidlington

(b) Mental health

Oxford - workshop for mental illness (30 places)

East of Oxford hostel for adult subnormal persons (25 places)

Witney - accommodation for mentally disordered (furniture)

(10 places in two council houses rented from housing authority)

(c) Nurses' houses

Four

Welfare

(a) Residential accommodation for the elderly

Banbury (45 places)

Capital programme 1968/1969

Health

(a) Clinics

Berinsfield - health centre

Caversham - health centre or health clinic

(b) Mental health

Oxford - residential accommodation for mentally disordered (furniture) (10 places in two council houses rented from housing authority)

(c) Nurses' houses

Four

Welfare

(a) Residential accommodation for the elderly

Watlington (45 places)

Capital programme 1969/1970

Health

(a) Mental health

Henley - residential accommodation for mentally disordered (furniture) (10 places in two council houses rented from housing authority)

(b) Nurses' houses

Four

Welfare

(a) Residential accommodation for the elderly

South Oxfordshire (45 places)

Capital programme 1970/1971

Health

(a) Mental health

Bicester - residential accommodation for mentally disordered (furniture) (10 places in two council houses rented from housing authority)

Nettlebed area - junior training centre (30 places)

Nettlebed area - adult training centre (45 places)

Nettlebed area - hostel for mentally subnormal children (12 places)

(b) Nurses' houses

Four

Welfare

(a) Residential accommodation for the elderly

Site unspecified (45 places)

Capital programme 1971/1976

Health

(a) Clinics

Carterton

(b) Mental health

Thame - residential accommodation for mentally disordered
(furniture) (10 places in two council houses rented from
housing authority)

Banbury - hostel for adult subnormal persons (25 places)

East of Oxford - hostel for subnormal children (12 places)

(c) Nurses' houses

Welfare

(a) Residential accommodation for the elderly

Site unspecified (45 places)

Code no.	Project	31.3.1965		31.3.1966		31.3.1971		31.3.1976	
		Number of premises	Number of places	Number of premises	Number of places	Number of premises	Number of places	Number of premises	Number of places
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	(K)
01	Health centres	1	-	1	-	3	-	4	-
02	Maternity and child welfare centres/clinics	78	-	80	-	81	-	86	-
03	Day nurseries	1	35	1	35	1	35	1	35
04	Centres for the mentally disordered	2	69	3	95	3	180	4	204
05		2	76	3	106	3	132	4	151
06		-	-	-	-	-	-	-	-
07		-	-	-	-	2	50	2	50
08		-	-	-	-	-	-	-	-
09		-	-	-	-	-	-	-	-
10	Homes and hostels for the mentally disordered	-	-	-	-	2	50	3	75
11		1	12	1	12	2	24	3	36
12		-	-	2	10	4	20	10	50
13		1	35	1	35	1	35	1	35
14		-	-	-	-	-	-	-	-

15	Ambulance stations	8	-	8	-	-	8	-	8	-		
16	Housing accommodation for nurses and midwives	40	-	44	-	-	58	-	62	-		
17	Other National Health Service Act and Public Health Act projects (excluding vehicles)	2	-	3	-	-	4	-	4	-		
18	Centres for the elderly	-	-	-	-	-	-	-	-	-		
19	Homes for the elderly	7	50	371	9	50	371	13	60	520	65	605
20	Homes for the elderly mentally infirm (s.21/48)	-	-	-	-	-	-	-	-	-	-	-
21	Centres for the physically handicapped (including the blind and the deaf)	9	-	-	9	-	-	10	-	-	-	-
22	Homes for the physically handicapped (including the blind and the deaf)	-	15	20	-	15	20	-	20	25	25	35
23	Temporary accommodation	3	No. of families	24	3	No. of families	24	4	No. of families	24	No. of families	24
24	Homes/hostels for mentally subnormal adults (s.21/48)	-	No. of places	-	-	-	-	-	No. of places	-	No. of places	-
25	Homes/hostels for mentally ill adults (excluding those for the elderly mentally infirm (s.21/48)	-	-	-	-	-	-	-	-	-	-	-
26	Other National Assistance Act projects	-	-	-	-	-	-	-	-	-	-	-

Staff

The figures of staff are related to the capital building programme, the population estimates provided by the Registrar General, and the estimated increases in the numbers of persons over 65 during the ten-year period. The Ministry have requested that the figures for 1966, 1967, and 1968 should be limited to the number the authority expect to be able to recruit and therefore have in post by these dates. Forecast figures for 1969, 1970, and 1975, however, should be the numbers the authority need and will be prepared to employ, on the assumption that they will be available at the time: no account should be taken of the difficulties of recruitment.

The following explanatory notes may be of help.

Item no.

- | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | Prior to 1970 the figure is low on account of the limited number of referrals of pre-school children for dental examination and treatment. |
| 5 | 40% of the time of a district nurse/midwife is estimated for midwifery work in whole-time equivalents. The present ratio is 0.11 per 1000 population as compared with the recommended ratio of 0.13 per 1000 population which has been given for 1969 and subsequent years. |
| 6 | 70% of the time of a health visitor / school nurse is estimated for health visiting work in whole-time equivalents. The present ratio of 0.12 per 1000 population has been increased to the recommended ratio of 0.17 per 1000 population in 1969 with clinic nurses and auxiliaries in support. If clinic nurses are not employed this ratio would need to be increased. |
| 7 | 60% of the time of a district nurse/midwife is estimated for home nursing work in whole-time equivalents. The present ratio of 0.17 per 1000 population has been increased to the recommended ratio of 0.19 per 1000 population as from 1969. |
| 9 | Provision has been made for four clinic nurses to be employed as from 1966 in accordance with the Ministry's recommendation and subject to committee approval. |
| 10 | Provision has been made for one additional home help organizer after 1970. |
| 11 | The present ratio of 0.5 home helps per 1000 population has been steadily increased to the recommended figure of 0.8 per 1000 population as recommended by the Minister. |
| 12 &
13 | The figures are in accordance with the policy of transferring the service to the County Council in 1966, and implementing the recommendations of the O & M Unit in the review of the City and County joint ambulance service. |
| 14 &
16 | The figures provided are in relation to the capital building programmes. |

Item no.	Category of staff		Expected w.t.e.at 31.12.65	Estimated requirements of paid staff in whole- time equivalents (w.t.e.) at 31st December					
				1966	1967	1968	1969	1970	1975
1	Doctors	Clinical	3.4	3.4	3.5	3.5	3.6	3.6	4.0
2		MOH and deputy	1.7	1.7	1.8	1.8	1.8	1.9	2.1
3	Dentists		0.2	0.3	0.5	0.5	1.0	1.0	1.5
4	Administrative and supervisory nursing staff		2.4	3.5	3.6	3.7	3.9	4.1	5.7
5	Domiciliary midwives employed by the Council, its agents, HMCs or BGs		24.8	25.6	26.4	27.2	31.2	32	35
6	Health visitors and TB visitors (excluding tutors)		27.3	30.8	35	39.2	40.8	41.8	45.2
7	Home nurses		37.2	38.4	39.6	40.8	45.6	47.4	53
8	Day nursery staff		5	6	6	6	6	6	6
9	Other health services nursing staff: Clinic nurses		0.3	4.3	4.3	5.3	6	7	9
10	Home help organisers		5	5	5	5	5	5	6
11	Home helps		114	124	134	144	154	164	212
12	Ambulance staff	Senior operational staff	1.5	2.0	2.0	2.0	2.0	2.7	2.7
13		Other operational staff	53	63	71	77	77	79	99
14	Staff of training centres for the mentally subnormal		12.5	25	27	28	28	28	35
15	Home teachers for the mentally subnormal		-	-	-	-	-	-	-

Item no.

17-21 The figures are in accordance with a policy of training mental health social workers after a probationary period of employment as welfare assistants.

22-26 The figures include the four home teachers for the blind, a proportion of the time of the Superintendent Missioner for the Deaf, a proportion of the time of the district registrars, and the full-time appointment of a medical social worker for the supervision of handicapped school leavers. The future staffing is in accordance with a policy of training social workers after a probationary period of employment as welfare assistants. The total numbers of social workers included under items 17-26 for the year 1975 represent a ratio of 0.11 per 1000 population, the figure recommended by the Minister.

27 The figures provided are in relation to the capital building programme.

29 & 30 The figures provide for the appointment of one additional occupational therapist in 1969 and in 1975.

Item no.	Category of staff		Expected w.t.e.at 31.12.65	Estimated requirements of paid staff in whole-time equivalents (w.t.e.) at 31st December					
				1966	1967	1968	1969	1970	1975
16	Staff in mental health residential accommodation including that for the elderly mentally infirm provided under the NHS Acts		14	18	18	22	22	22	34
17	Mental health social workers	With relevant university training	-	-	-	-	2	2	3
18		With the certificate in social work of the CTSW	-	-	-	-	4	4	6
19	Others		6	6	6	6	3	3	3
20	Mental health welfare assistants	In training	-	1	2	3	3	3	3
21		Others	-	-	-	-	-	-	-
22	Social workers other than mental health	With relevant university or equivalent professional training	1	1	1	1	1	1	2
23		With the certificate in social work of the CTSW	-	-	1	1	1	2	3
24	Others		7.3	8.3	8.3	8.3	8.3	8.3	8.3
25	Welfare assistants other than mental health	In training	-	1	1	1	1	-	-
26		Others	-	-	-	-	-	-	-
27	Staff in homes for the elderly or elderly mentally infirm provided under the NA Act		54.6	70	76	82	88	94	116
28	Staff in homes for the physically handicapped		-	-	-	-	-	-	-
29	Occupational therapists	Employed under the NHS Act	2.7	2.7	2.7	2.7	3.4	3.4	4.0
30		Employed under the NA Act	1.3	1.3	1.3	1.3	1.6	1.6	2.0
31	Craft instructors for the physically handicapped		-	-	-	-	-	-	-

Item no.

- 32 The figures provide for the appointment of one additional full-time chiropodist (whole-time equivalent) in 1968 and one in 1970.
- 33 The figures relate to staff of temporary accommodation at Bodicote and Deddington.
- 34-37 The figures are related to the increases over past years and the future capital building programme.
- 38 The figures relate to dental auxiliaries and moral welfare workers, expressed as whole-time equivalents.

Item no.	Category of staff	Expected w.t.e.at 31.12.65	Estimated requirements of paid staff in whole- time equivalents (w.t.e.) at 31st December					
			1966	1967	1968	1969	1970	1975
32	Chiropodists	3	3	3	4	4	5	5
33	Staff of temporary accommodation	1	2	2	2	2	2	2
ALL OTHER STAFF								
34	Admin. and clerical	20.8	23.8	25.8	26.3	28.3	28.3	32.3
35	Employed under the NA Act	8	9	9	9	10	10	11
36	Employed under the NHS Act	5.4	7.1	8.8	8.8	8.8	10.5	13.9
37	Employed under the NA Act	57.6	70	75	80	85	90	95
38	Other health and welfare staff: Dental auxiliaries Moral welfare workers	- 1.8	0.2 1.8	0.4 1.8	0.5 1.8	1.0 2	1.5 2	2.0 2
39	GRAND TOTAL OF ITEMS 1-38	482.8	567.2	608.8	644.7	687.3	722.1	865.7

Ambulance service vehicles
(including sitting-case cars and dual-purpose vehicles)

	Actual number of vehicles at 31.3.1965	Estimated requirements of vehicles at						
		31.3.1966	31.3.1967	31.3.1968	31.3.1969	31.3.1970	31.3.1971	31.3.1976
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Ambulance service vehicles	24	25	28	31	32	34	34	40

Special housing for the elderly

	Date	31.3.1965	31.3.1966	31.3.1967	31.3.1968	31.3.1968	31.3.1969	31.3.1971
		No. of units in use or expected to be in use	No. of persons accommodated	No. of units in use or expected to be in use	No. of persons accommodated	No. of units in use or expected to be in use	No. of persons accommodated	No. of persons accommodated
Provided by housing authorities		241	345	528	621	713	853	985
Provided by housing societies		324	451	725	854	973	1150	1319
		15	21	32	32	32	32	32
		15	21	35	35	35	35	35

INFECTIOUS DISEASES

There were no serious outbreaks of notifiable infectious diseases. Measles, which was prevalent at the beginning of the year, mainly affected children in the pre-school and infant school age group. The one case of paratyphoid fever which was notified was contracted outside the County, and no secondary cases resulted.

Notification of infectious diseases 1965

Diseases	URBAN DISTRICTS								RURAL DISTRICTS							
	Banbury Borough	Woodstock (Borough)	Chipping Norton (Borough)	Henley-on-Thames (Borough)	Bicester	Witney	Thame	TOTALS FOR COMBINED URBAN DISTRICTS	Banbury	Chipping Norton	Witney	Bullington	Henley	Ploughley	TOTALS FOR COMBINED RURAL DISTRICTS	TOTALS FOR ADMINISTRATIVE COUNTY
Scarlet fever	19	-	2	-	-	1	-	22	1	5	-	2	7	6	21	43
Whooping cough	5	-	-	3	-	-	2	10	6	4	-	12	6	27	55	65
Poliomyelitis:																
Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	277	4	114	281	2	-	76	754	200	169	117	1159	485	544	2674	3428
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	1	1	1	-	-	3	-	-	3	11	12	9	35	38
Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2	2
Pneumonia	-	-	-	-	-	-	-	-	2	-	-	10	1	8	21	21
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute encephalitis:																
Infective	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
Post-infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Erysipelas	5	-	-	-	-	-	1	6	-	-	-	2	-	-	2	8
Food poisoning	2	-	-	-	-	-	-	2	-	-	-	8	-	-	8	10
Tuberculosis:																
Respiratory	4	1	-	4	3	8	2	22	2	4	11	20	7	8	52	74
Non-respiratory	1	-	-	-	-	-	-	1	1	-	-	-	3	3	7	8
Puerperal pyrexia	-	-	-	-	1	-	-	1	-	-	-	4	-	-	4	5
Ophthalmia neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Tuberculosis

I am indebted to Dr J.M.Black for the following report:

'An analysis of the new notifications of tuberculosis, derived from the weekly returns of the two combined districts of Oxfordshire, shows the disease distribution.

New notifications of tuberculosis 1965

Ages	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
0-14	2	1	-	-	3
15-44	18	15	7	2	42
45-64	18	6	1	-	25
65+	5	9	-	-	14
All ages	43	31	8	2	84

The total number of new notifications similarly derived during the past four years is shown as follows:

Year	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
1962	39	21	3	6	69
1963	41	30	3	8	82
1964	53	38	-	4	95
1965	43	31	8	2	84

It is understandable and yet disconcerting that quite a number of patients are still coming along with extensive disease and have obviously been infectious for a considerable time. It is understandable because the manifestation of symptoms very often means that the disease has spread considerably, and so if the patients wait until they have symptoms then their disease is likely to be extensive and infectious. This is disconcerting because as far as the patient is concerned it means loss of good lung tissue and longer hospital treatment. As far as the community is concerned it means that a considerable number of people have been infected. Early diagnosis can only be achieved by routine chest x-rays for everyone. If this is not accepted as national policy then one should try to see that groups of people at risk have chest x-rays and BCG vaccination. Much of this work is already being done. However, concerning chest x-ray of ante-natal women, it is felt that the practice of arranging these is falling off. Pregnancy does cause a slightly higher incidence of tuberculosis. The report of the MMR Unit, Northern Area of the Oxford Regional Hospital Board (1964) showed that the incidence of active pulmonary tuberculosis was 1.53 per thousand examined. The rate for ante-natal patients was 1.79 per thousand. The difference between these figures may not be great but when one studies the implications of active pulmonary tuberculosis in a pregnant woman who may well have other children, the seriousness of the situation is realised.

A special study of five women, currently being treated for pulmonary tuberculosis whose disease was discovered at varying periods after confinement and who did not have ante-natal chest x-rays, has been carried out.

The five women had fourteen children; twelve of them had been infected with tuberculosis and were prescribed anti-tuberculous chemotherapy for twelve to eighteen months. In addition, one husband and several contacts outside the family circles were found to have active pulmonary tuberculosis requiring treatment.

Very likely other cases will come to light during the next several years, as the seeds may lie dormant for considerable periods before springing to life.

It is recommended that ante-natal patients should have chest x-rays.

Prevention of tuberculosis continues to be a cooperative effort by the doctors, health visitors and other social workers, and we are particularly fortunate to have Miss Haslam as our new liaison health visitor. Grateful thanks are due to her and to all the health visitors throughout the County for their valuable help with cases of tuberculosis and other chest cases too.'

Tuberculosis surveys

Detailed inspections and investigations were carried out at:

1. A children's home, after a child, resident in the home, had been notified as suffering from tuberculosis. As the result of x-rays taken of staff and children, two examinees were recalled for further x-rays, which were satisfactory, and no further case of tuberculosis was found.
2. A theological college, after a student had been notified as suffering from tuberculosis. No further case of tuberculosis was found.
The milk from the herd of cows which supplies milk to the college was also tested and found to be satisfactory.
3. A secondary school and three primary schools in one area, following a report of human tubercle bacilli found in a sample of milk. After skin tests and x-rays one member of staff was referred to the Chest Clinic for further investigation, but no case of tuberculosis was found.
4. An old people's home, after the warden had been notified as suffering from tuberculosis. Residents and staff, past and present, had chest x-rays, and as a result nine were referred for further investigation, but no case of tuberculosis was reported.
5. A primary school, after a teacher was notified as suffering from tuberculosis. The pupils were skin tested and two positive reactors and the staff were x-rayed. All results were satisfactory.
6. A primary school, after human tubercle bacilli had been found in a sample of milk in the area. The pupils were given tuberculin skin tests. Of the 13 positive reactors, 12 had previous BCG and one had a previous history of positive skin test and treatment with anti-tuberculous chemotherapy.

Medical arrangements for long-stay immigrants

Because of the special problems concerning the health of long-stay immigrants to this country, which have been causing concern for many years, the Ministry of Health have made special medical arrangements for them. Medical inspectors at ports of arrival in this country endeavour to obtain destination addresses from immigrants, which are forwarded to medical officers of health of local health authorities. Medical officers have been asked to arrange 'for the new immigrants to be visited so that they can give information about the health services and be persuaded to get themselves and their dependents registered with general practitioners with a view particularly to chest x-ray where this is appropriate'.

In Oxfordshire arrangements have been made in association with the local medical committee and the consultant chest physicians whereby health visitors are notified of the names and addresses of immigrants. The health visitor then takes the following action:

1. She persuades immigrants to register with a general practitioner.
2. She obtains the patient's consent to a Heaf test.

3. She carries out the test and undertakes the reading of the test, referring negative cases to the district medical officers of health so that they may undertake BCG vaccination.
4. She arranges for a chest x-ray through the GP referral service, unless the immigrant has a certificate from the port medical officer that a chest x-ray taken within the previous two months is satisfactory.

The district medical officer of health carries out BCG vaccination on negative cases 5 to 8 days after the Heaf test. He also obtains the name of the general practitioner with whom the immigrant is registered.

Records are kept in the County Health Department of the results of the investigations so that this information can be sent to the general practitioners concerned.

Notification of immigrants in Oxfordshire 1965

Number of advice notes received from ports and airports relating to the arrival of immigrants	149
Number of successful visits paid to immigrants	130
Number of TB notifications in respect of immigrants	nil

Venereal disease

I am indebted to Dr P. Mallam and Dr Walley for the following report:

'With the help and cooperation of Dr Spriggs of the Cytodiagnostic Unit at the Churchill Hospital we are starting a scheme for routine screening for cervical cancer, as it is now generally accepted that patients having reason to attend a venereal disease clinic are at greater risk than the rest of the female population.

The total number of new cases of all conditions has risen slightly from 754 in 1964 to 785 in 1965, and the total number of attendances has increased from 2701 in 1964 to 2888 in 1965.

There has been one case of primary and one case of secondary syphilis in male patients in 1965 as compared with none in 1964.

There is no appreciable change in the number of male patients, but there is an increase in the number of female patients treated for gonorrhoea although this may be due to more successful contact tracing. The teenage group are much more willing to get their contacts to attend for treatment than the older patients. There has been an increase in the number of young people attending the clinic with infections of gonorrhoea. Among the female patients there were eighteen girls under the age of 16 years who attended the clinic, three of whom had gonorrhoea. Some who were under the care of the Children's Department came for medical check-ups prior to court appearance. In the 16-17 age range there has been an increase in attendances from 21 girls in 1964 to 43 in 1965, nine of whom had gonorrhoea. Most of these girls live with their parents, but admit to 'not getting on' with one of them, usually their father. Ten years ago there were only two girls under the age of 16 who attended the clinic.

There has been an increase in the number of patients attending with other conditions. Among the patients who attend, but need no treatment within the clinic, are the people who are worried about themselves, or have attended due to contact tracing but are found not to be the source of infection.

The total attendances of all patients show that more patients have completed their treatment, but on an average a male patient with gonorrhoea attended only four times. We have a prompt follow-up system to remind defaulters that their treatment has not finished. The medical social worker has made the occasional home visit to a non-attender, but specially designated health visitors continue to give excellent help in encouraging contacts and defaulters to attend.

It has been interesting to compare the number of immigrant patients attending. There has been a marked decrease in the number of male patients from the West Indies and Pakistan since 1964, when there were 73 West Indian patients and 48 Pakistani and Indian patients as compared with 45 and 27 respectively in 1965. This might indicate that these immigrants have now become more integrated in the community and that their wives and families might have joined them to give a more stabilising effect. We have been aware in previous years of the large number of immigrant men as compared with immigrant women who have attended the clinic for treatment, and this has illustrated the problems of loneliness and separation from families. It is hoped that the reduction in numbers might indicate more stable family life and gradual adjustment to living in a strange country.'

	1961			1962			1963			1964			1965		
	O	R	T	O	R	T	O	R	T	O	R	T	O	R	T
Syphilis	2	1	3	11	1	12	15	-	15	2	1	3	6	1	7
Gonorrhoea	27	2	29	35	7	42	53	1	54	44	-	44	49	4	53
Other	88	4	92	99	15	114	113	6	119	108	8	116	127	11	138
Total	117	7	124	145	23	168	181	7	188	154	9	163	182	16	198

O = Radcliffe Infirmary, Oxford
R = Royal Berkshire Hospital, Reading
T = Total

Health education

Venereal disease. The Ministry of Health have asked for a special report this year on health education in venereal disease. Health education in this field is undertaken by the health visitor specially appointed for the purpose. Talks are given to school girls on relationships and the risks of contracting venereal infection. In future it is hoped to arrange that education on venereal disease is included as a routine subject in the syllabus on the series of talks under the heading 'Relationships', which at present is under discussion with representatives of the Education Department.

Talks on venereal disease are also given when required at ante-natal classes, although the subject is not specifically included in the syllabus for health education for this group. Reports from the hospital clinic suggest that the number of people who come in demanding blood tests because of what they have read in papers and periodicals indicates that the public as a whole seem to be very well instructed in the subject, and that many of the problems have arisen as a result of carelessness rather than ignorance, in particular in relation to the younger age groups.

RURAL HOUSING AND SANITARY CIRCUMSTANCES

The following information is presented for purpose of Section 116 of the Housing Act 1957, which requires county councils to have constant regard to housing conditions in rural areas, to the extent to which overcrowding or other unsatisfactory conditions exist and the sufficiency of the steps which the rural district council has taken, or is proposing to take, to remedy these conditions and to provide further housing accommodation.

Rural housing survey

Following the recommendations of the Hobhouse Third Report on Rural Housing, a survey of rural properties to a then rateable value of up to £20 was undertaken by the rural district councils, the work of the survey being under the auspices of the Oxfordshire Joint Housing Committee, which, amongst its various duties, ensured uniformity of the survey. The date of completion, along with the finding of the survey, is shown in the columns marked by a + sign. The housing position is brought up to date each year, but in order to maintain uniformity with the original survey post-war housing is excluded.

	Banbury		Bullingdon		Chipping Norton		Henley		Ploughley		Witney		Totals	
	+1951	1965	+1953	1965	+1947	1965	+1950	1965	+1949	1965	+1953	1965	-	1965
Group 1 - Satisfactory in all respects	609	1312	2702	3111	762	1545	1349	2256	886	2874	1210	2091	7518	13189
Group 2 - With minor defects	688	471	1729	2226	1467	1305	1223	297	1315	510	891	957	7313	5766
Group 3 - Requiring repair, structural alteration or improvements	922	835	1780	983	1282	819	855	666	1113	60	2263	1134	8215	4497
Group 4 - Unfit for habitation and beyond repair at a reasonable cost	827	209	534	94	400	33	55	38	453	53	300	300	2569	727
	3046	2827	6745	6414	3911	3702	3482	3257	3767	3497	4664	4882	25615	24179

Group 1 - Satisfactory in all respects

Group 2 - With minor defects

Group 3 - Requiring repair, structural alteration or improvements

Group 4 - Unfit for habitation and beyond repair at a reasonable cost

	Banbury	Bullingdon	Chipping Norton	Henley	Ploughley	Witney	Totals	
							1964	1965
Applicants for council houses	220	850	560	277	264	451	2473	2622
Ex-Service hutments converted & in use as temporary housing	-	-	-	-	-	2	4	2
Ex-Service hutments not converted but inhabited	-	-	-	-	-	-	1	-
Cases of known overcrowding	-	-	-	-	-	2	7	2
Caravans used for housing	42	1061	43	232	199	448	1870	2025
Houses within survey reconditioned or improved, informal action by owners	-	246	41	55	54	4	533	400
Houses within survey demolished, informal action by owners	-	7	-	3	-	-	17	10
Dwellings towards which advances for purchase have been made	22	6	12	12	28	-	162	80
Applications approved for improvement grant	18	3	38	24	26	38	174	147
a) standard grants	14	56	22	8	20	38	219	158
b) discretionary grants	3	24	2	-	6	8	29	43
Demolition orders served	-	36	-	-	10	7	49	53
Demolition orders outstanding	2	41	3	1	19	12	98	78
a) occupied premises	-	9	-	2	-	-	6	11
b) unoccupied premises	-	2	7	-	1	7	11	17
Undertakings accepted to make fit	4	30	130	18	22	43	252	247
Undertakings accepted not to use for human habitation	1	17	2	-	8	20	25	48
Undertakings outstanding	10	8	10	5	62	10	81	105
Houses demolished	-	-	-	-	-	-	1	1
Houses made fit	7	3	-	2	1	8	21	21
Houses acquired by local authority	-	23	6	11	2	107	163	149
Closing orders made								
Closing orders outstanding								

Provision of new rural housing

	Banbury	Bull- ingdon	Chipping Norton	Henley	Plough- ley	Witney	Totals	
							1964	1965
By local authorities:								
Under construction	2	201	29	-	54	110	202	396
Completed 1965	16	43	26	6	52	42	301	185
Completed 1.4.45 to 31.12.65	678	1830	868	750	1371	1368	6680	6865
By private builders:								
Under construction	213	457	150	402	158	301	1665	1681
Completed 1965	214	491	108	277	101	291	1714	1482
Completed 1.4.45 to 31.12.65	1283	3125	735	2000	2347	1563	9571	11053

Information obtained from Ministry of Housing and Local Government Housing Return, Appendix, December 1965.

Rural Water Supplies and Sewerage Acts 1944-1961

Local Government Act 1958

Eighteen proposed schemes of sewerage and sewage disposal, estimated to cost £1,490,000, and nine schemes relating to the provision of mains water, estimated to cost £223,510, were received from the County district councils for purpose of observation and contribution under the above acts.

FOOD AND DRUGS

FOOD AND DRUGS ACT 1955

The Milk (Special Designation) Regulations 1963 and 1965

The Milk and Dairies (General) Regulations 1959

The department has maintained its policy of milk sampling with the aim of ensuring that milk produced, processed and sold within the County reaches the consumer in a clean, wholesome condition and free from disease-producing organisms. The work incurred is summarized as follows:

Pasteurised milk

Six dairies are licensed by the County Council to pasteurise milk. For this purpose four high temperature short time pasteurisers and five pasteurising holder units are in use, and some 34,500 gallons of milk is heat treated daily.

Sample summary

Pasteurised milk	Passed	Failed	Total
Phosphatase test (for effective pasteurisation)	504	-	504
Methylene blue test (for cleanliness and keeping quality)	503	1	504

Retail sale of designated milks

The County Council is responsible for the licensing of dairies and other premises where milk is offered for sale; 170 dealers pre-packed milk licences are in force.

Pasteurised milk forms the major sale, but sterilised milk is widely distributed. Although a number of licences cover the sale of ultra heat treated milk, so far this grade of milk has not been made available. By the end of the year no untreated milk (formerly known as tuberculin tested milk) was being sold from shops, although untreated milk as farm bottled supplies was available from 27 farms, sales being mainly to small villages in the vicinity of the farm. Five producer-retailers of untreated milk ceased such retail sales during the year, pasteurised milk being sold in place.

Altogether 414 samples were submitted for examination: results are summarized as follows:

	Phosphatase test		Methylene blue test		Total
	Passed	Failed	Passed	Failed	
Pasteurised milk	257	1	240	18	258
Sterilised milk	Turbidity test				51
	Passed	Failed			
	51	-			
Untreated milk			88	17	105
Total number of samples					414

Upon notification of a failure the County Public Health Officer visits the dairy to investigate the cause and see that the trouble is corrected.

Milk in school scheme

All County Council schools and children's homes are supplied with pasteurised milk. Seventy-four samples of milk were submitted.

School supplies Pasteurised milk	Phosphatase test		Methylene blue test		Total
	Passed	Failed	Passed	Failed	
	74	-	72	2	74

Specified areas

The County is covered by Specified Area Orders whereby only designated milk may be retailed unless the Ministry of Agriculture, Fisheries, and Food grant a dispensation order. General supervision is maintained. Consent to sell un-designated milk was granted to an isolated farm to supply some families living nearby, such persons not being employed on the farm.

Biological examination of milk

126 samples of untreated milk, 1 sample of goats milk and 8 samples of farm-produced cream were submitted for biological examination.

Of this number of samples, the Public Health Laboratory Service found 2 milks positive to human tubercle, and 13 milks positive to brucella abortus.

The milks positive to human tubercle came from two farms, both producer-retailers. At both farms the herds have been found negative, but in the case of one farm a person working in the dairy had been a TB patient, although subsequent examination had not revealed him to be an active TB carrier. In the case of the second farm, no evidence has come to light to explain the laboratory findings. It should be mentioned that besides repeated tuberculin tests of the herds with individual biological cow sampling, chest x-rays and biological examinations of urine were undertaken on all farm personnel working with the milk. These examinations proved negative. In addition, Heaf testing of the school children was undertaken but no abnormal results were obtained. The children who received the farm milk did so through home supplies, as all County schools are supplied with pasteurised milk.

Two farms - one a producer retailer - were responsible for twelve brucella positive milk samples.

Cream

Farm-produced cream is widely available from shops throughout the County, the supplies coming from five farms. Of eighteen samples of cream, submitted for bacteriological examination, only a few samples showed contamination with B.coli and light growth of Staph.aureus. Ten creams were submitted for the presence of antibiotics, but none was detected.

Section 2, Food and Drugs Act 1955

194 samples of milk, which included goats milk and separated milk, were taken from shops, dairies, and farms and submitted to the Public Analyst, Mr Eric Voelcker, ARCS, FRIC, for detection of adulteration etc.

Of this number, five samples of milk were low in fat, and another sample was low in solids not fat. One sample of milk had added water to the extent of 5.4%; the dairyman was successfully prosecuted. In the other cases of deficiencies, cautionary letters were issued.

In addition, 90 samples of milk were submitted for the presence of antibiotics but none was detected.

Foreign matter in bottled milk

Thirteen complaints were made to the department and investigated. In two cases a dairyman was successfully prosecuted for unclean milk bottles.

Drugs and medicinal preparations

54 samples of drugs have been taken from hospitals, doctors' dispensaries and chemists. A wide range of drugs was selected, including antibiotics and other compounds of foreign manufacture which have been imported into the country. I am pleased to report that no adverse analysis has been received.

The drugs sampled included:

Histamine acid phosphate injection	
Pabrinex, intravenous vitamin compounds B and C	
Benzhexol	Capsules vitamin-ovium
Promazine hydrochloride	Neomycin cream
Phenoxy methyl penicillin	Terramycin paediatric drops
Nitrofurantoin	Mandelamine Hafgrams
Chlorothiazide	Cicatrín amino acid, antibiotic powder
Hydrofthimethiazide	Achromycin tetracycline syrup
Hexamine mandelate	Frahol
Atropur sulphate injection	Folic acid
Penicillin V.potassium	Amesee
Sulphamezathine	Compound spray adrenaline and atropine
Tetracycline pediatric drops aqueous	Effervescent ascorbic acid tablets
Gitanest 30, dental anaesthetic	
Xylotox	Gutt.adrenalin 1%
Welfare food, national full cream dried milk	Tryptizol
Mysoline primidone	Anethaine ointment
Femergin	Pethidine tablets
Sodium amytal	Ismelin
Gees linctus	Gynovlar 21
Fersolate tablets	Lyndiol 2.5
Mersalyl injections	Eurax
Paracetamol	Golden eye ointment
Glycerin of thymol	Dequadin paint
Mycil ointment	Betnesol eye ointment
Pycamisan	Conovid E
Equantil tablets	

In addition, 44 samples of medicinal preparations obtained from shops have been submitted for analysis and these have proved satisfactory.

SCHOOL HEALTH SERVICE

Special Services Subcommittee of the Education Committee

J.A.Fenemore Esq, Chairman	
Mrs P.MacDougall	E.C.Cooper Esq
Mrs B.Ledger	Sir George Schuster, KCSI, KCMG, CBE, MC
Mrs G.M.G.Haynes	Mrs M.H.Hichens, CBE
Lt Col.the Right Hon.Lord Saye and Sele,	R.S.Thompson Esq (to May 1965)
OBE, MC, DL	H.W.Pooley Esq
C.J.Peers Esq	

Staff of School Medical Service 1965

Principal School Medical Officer	M.J.Pleydell, MC, MD, DPH
Deputy Principal School Medical Officer	J.A.G.Watson, MB, BS, DPH (resigned 1.9.65)
	H.H.John, MB, BCh, DPH, DCH, DRCOG
	(appointed 1.11.65)

General practitioners who act as School Medical Officers:

Dr D.C.Harris	Dr R.G.Eager	Dr F.J.S.Chapman
Dr M.B.Noble	Dr J.F.Monk	Dr H.F.McCabe
Dr M.J.Brown	Dr F.E.James	Dr F.A.Bevan
Dr Anne Davies	Dr D.Richardson	Dr A.Sharman Beer
Dr R.G.P.Almond	Dr G.D.Bolsover	Dr J.W.Bullen
Dr M.A.Slee	Dr L.J.Timings	Dr T.Cocks
Dr L.H.Brearley	Dr P.M.M.Pritchard	Dr T.D.Thorne
Dr N.J.P.Hewlings	Dr J.B.Gleeson	Dr E.Herrin
Dr W.Dickson	Dr J.A.Forbes	Dr C.W.Stringfellow
Dr A.P.Millar	Dr A.D.Cole	Dr J.M.Nowakowski
Dr M.R.Aldous	Dr D.A.Hyslop	Dr K.A.Tomlinson

Principal School Dental Officer	T.Lucas, LDS, RCS (Eng.)
Divisional Dental Officer	R.L.Davies, LDS, RCS
Area Dental Officer	J.A.Theakston, LDS, RCS

School Dental Officers:

Mrs L.Stolarow, DAS (resigned 15.5.65)	R.L.Batty, LDS, RCS (Eng.)
W.J.Cook, LDS, RCS (part-time)	(appointed 16.6.65)
H.R.Rippon, BDS	R.L.Davies, LDS, RCS
Mrs P.Stuart, BDS (part-time)	J.A.Theakston, LDS, RCS

Superintendent of School Nurses	Miss E.Richards, SRN, SCM, MTD, HVCert, QNS
Deputy Superintendent of School Nurses	Miss C.E.Henry, SRN, SCM, MTS, HVCert
School nurses/health visitors	Thirty-eight
Educational psychologists	D.Gibbons, BA, DCP Mrs M.F.Scott-Blair, MA (Oxon), BA (part-time)
Speech therapists	Miss J.Ash, LCST Miss M.Marshall, LCST Miss J.Foot, LCST
Physiotherapists	Miss H.Munns, MCSP Miss M.J.Bouch, MCSP (part-time) Miss M.Dunford, MCSP (part-time) Miss C.Tudor Evans, MCSP (part-time)

THE HEALTH OF SCHOOL CHILDREN IN OXFORDSHIRE

Infectious diseases

With the exception of one winter epidemic of 38 cases of infective hepatitis in a primary school there were no serious outbreaks of infectious diseases during the year. The school concerned was a modern building, recently commissioned, with nearly 200 pupils, where a very good standard of cleanliness was maintained in the kitchen, lavatories, and classrooms.

Although measures were taken to prevent the spread of infection - good ventilation of classrooms, avoidance of overcrowding at meal times, stopping school gatherings, frequent intervals in the playground to break up classroom periods, hygienic precautions with the school crockery, lavatories, etc. - the number of cases continued. In some instances all the members of a family became ill.

The Central Public Health Laboratory was consulted and it was decided to inoculate the children with gamma globulin. Unfortunately supplies of globulin were limited and since only 53 children could be inoculated it was offered to those children whose birthdays fell on odd dates.

Following this procedure only four further cases occurred, in children who had not been inoculated. In all 42 cases were notified.

School medical inspections

The reports of school medical officers draw attention to the good health of school children apart from three common defects - obesity, deformities of the feet, and dental decay.

Dr F.A. Bevan retired at the end of the year after 33 years valuable service as general practitioner school medical officer for the Woodstock area. He is able to see the changes in the health of school children in perspective over this period and reports as follows:

'I carried out routine school medical inspections at all schools in my area without any troubles or difficulties, thanks to the good cooperation of head teachers and health visitors.

'As I am about to retire, I thought a few comments on the changes in school health during the past 33 years might be interesting. No longer do I see chronic discharging ears and stuffy running noses. Enlarged tonsils and adenoids are rarely seen today. Except for dental caries, which I have mentioned in previous reports, children are obviously in much better condition, cleaner, better nourished and better clothed than they used to be. Rarely do we see a child wearing an older child's clothes cut down in an attempt to fit a younger child, but a new defect is becoming more obvious during the last few years - obesity. Some children are grossly overweight, due I think to excessive consumption of sweets and other carbohydrates. I have made enquiries from shops near schools, and they tell me that their busy time is just before and just after school periods, when quite a lot of money is spent by children on sweets, etc. Parents do not seem unduly worried about this, and I suggest that children and their parents should be taught the dangers of obesity and excessive carbohydrate consumption.

'I am glad to see excellent new school buildings. Hanborough, Freeland, and Tackley are now in use, all obviously very much more suited for the purpose than the old buildings that they have replaced, and I hope that other buildings will be replaced as soon as possible.'

Another school doctor refers to the problem of dental decay, and the lack of parental responsibility in supervising their children's footwear:

'The general health of the children seen during 1965 continued to be excellent, and it was rare to find any medical defect of significance of which the parents and general practitioners were not already aware. As had been noticed before, there were two striking deficiencies: first the lack of adequate dental care, most parents apparently feeling that a review once a year by the school dental service was enough unless the child had toothache, yet the rarity of a completely healthy set of teeth completely contradicted this assumption; the second deficiency was the deplorable state of the children's feet, associated with minor troubles such as knock knee and faulty posture. The condition of the feet is probably related, I feel, to the poorly made and inadequately fitted fashionable shoes that the children, especially the girls, wore. It is to be hoped that the present efforts to educate older children and parents in their responsibilities for preventing these troubles will bear fruit in the future.'

Selective medical inspections

Selective medical inspections are held at Chipping Norton, Burford, Witney, Eynsham, Littlemore, and Henley. This year, following the retirement of Dr A.J.Campbell, two general practitioners were appointed as school medical officers in Banbury and selective medical inspections were introduced. One of the Banbury school doctors reports:

'Thereafter the selective system of examination was started; initially the medical records of all children in these schools have been examined and any children who were noticed to have abnormalities on previous examinations have been re-examined. Other children have been brought forward for medical examination during the termly visits to the school by the health visitors, teachers, and parents. The system seems to be working very well and in my opinion is a very satisfactory alternative to the previous laborious and unproductive method of mass routine examinations.'

'Though many children have been interviewed, the defects were either small or non-existent and the general health and physique of practically all school children was very good. It has been noticed however that the teeth of five year olds in many cases were in bad condition. Many parents appear to believe that it is not necessary to get dental treatment during the first dentition.'

Health education

(a) Smoking and health

A vigorous campaign was carried out in primary schools. The sound film 'The Smoking Machine' was shown in 36 schools to the 9-11 age group and the filmstrip 'Cigarettes and You' in 61 schools. Eighteen health visitors took part, Miss Gange doing the bulk of the work.

Thirteen secondary schools had a showing of the sound film 'Smoking and You'. Ten school medical officers took part with three health visitors. This campaign was directed to the 11-13 year olds.

(b) Mothercraft

Mothercraft courses for the Duke of Edinburgh's Award Scheme have been held in three secondary modern schools and help was given with 'Housecraft' courses in two secondary schools.

Help and advice has also been given to three domestic science teachers planning parentcraft courses under the recommendations of the Newsom Report.

(c) Relationships

Courses have been run in three secondary modern schools on growing up and relationships. There have also been discussions with teachers and advice has been given supplemented by suitable literature and visual aid material.

Educationally subnormal pupils

During 1965 the trend towards local provision of special day classes has continued. This reflects the demand for day rather than residential placements, although there will always be a need for some residential schools. In the County there is only one residential school for the more backward children, but the waiting list is never excessive.

At Witney an encouraging development has been the modernisation and extension of the school as a whole, with an enlarged department for the more backward pupils - the Department of Special Studies - and the appointment of a head of that department.

At Banbury, plans for provision of a special day school had, unfortunately, to be postponed due to the lack of funds, but there should be little difficulty in placing children from the north of the County when building consent is finally received.

In the south of the County, difficulty in day placements is increasing, due to the lack of vacancies in the only available day school run by Reading Borough Education Committee.

Physically handicapped pupils

Physically handicapped children continue to be visited at home regularly, and the liaison between the school health department on the one hand, and the consultant paediatricians and general practitioners on the other, continues to be well maintained. An encouraging trend is the very early notification of blind babies so that home tuition can be arranged from an early age, and application made in good time for a place at special schools for the blind.

It is to be regretted that there is no school nearer than Coventry for the partially sighted children. Many of these are so near the borderline of relatively normal sight (e.g. high myopia) that some day provision would be of great benefit if it could be arranged more locally.

Handicapped school leavers

At present there is a close integration of the school health services for handicapped school children and the welfare services provided by the social workers who are responsible for the welfare of the handicapped after they have left school. The names of children who are blind or partially sighted are transferred to the registers of the Oxford Society for the Blind so that there can be continuity of visiting, supervision, and care. Similarly the names of deaf and partially deaf children are transferred to the registers of the Diocesan Association for the Care of the Deaf. Owing to the growth of the County population, however, there are increasing numbers of school leavers who are physically handicapped with other disabilities and who need help, guidance and social rehabilitation so that they can make the best use of the facilities that are available to them in the community. The Health Committee decided that the needs of these handicapped school leavers could best be met by appointing a trained medical social worker who would work in close association with the school health section, which is so essential.

Miss K. Snell took up her appointment on 8th November 1965, and her report appears under the section dealing with the welfare services. It can be said here however, that her appointment has proved most valuable in taking over some of the routine visiting and, in particular, in finding the best placements for severely handicapped school leavers who cannot be cared for at home. She has formed contacts with the hospital medical social workers, the local authority social services, and the youth employment services in a more specialised way than has been possible heretofore.

STATISTICS

Return of medical examinations for the year ended 31st December 1965
(including Banbury Borough)

ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations	<u>1964</u>	<u>1965</u>
Entrants	3888	4039
Second age group	1670	1450
Third age group	<u>1742</u>	<u>1786</u>
Total	7300	7275
Number of other periodic examinations	<u>115</u>	<u>109</u>
Grand total	7415	7384

OTHER EXAMINATIONS

Number of special examinations	1132	1109
Number of re-examinations	<u>1419</u>	<u>1560</u>
Total	2551	2669

A - Return of defects found by medical examination in the year ended 31 Dec. 1965

(1) <u>Defect or disease</u>	(2) <u>Periodic examinations</u>		(4) <u>Special examinations</u>		(5)
	Number requiring treatment	Number requiring to be kept under observation but not requiring treatment	Number requiring treatment	Number requiring to be kept under observation but not requiring treatment	
Skin	27	52	2	4	
Eyes - Vision	244	208	28	31	
Squint	36	29	4	4	
Other conditions	23	29	3	4	
Ears - Defective hearing	41	50	9	4	
Otitis media	8	5	2	1	
Other ear diseases	11	29	4	3	
Nose and throat	128	182	31	14	
Speech	38	57	4	4	
Lymphatic glands	6	44	-	2	
Heart and circulation	16	53	1	4	
Lungs	16	44	1	3	
Developmental - Hernia	6	6	-	2	
Other	13	49	3	5	
Orthopaedic - Posture	89	123	4	8	
Flat foot	64	118	7	8	
Other	49	80	4	7	
Nervous system - Epilepsy	3	10	-	3	
Other	5	32	1	2	
Psychological - Development	11	39	2	7	
Stability	4	52	-	4	
Abdomen	5	18	1	1	
Other	33	56	13	27	

B - Classification of the nutrition of children examined during the year in the routine age groups

<u>Age groups</u>	Number of children inspected	<u>Satisfactory</u>		<u>Unsatisfactory</u>	
		Number	Per cent	Number	Per cent
Entrants	4039	4022	99.6	17	.4
Second age group	1450	1440	99.3	10	.7
Third age group	1786	1777	99.5	9	.5
Other periodic inspections	109	105	96.3	4	3.7
	<u>7384</u>	<u>7344</u>	<u>99.5</u>	<u>40</u>	<u>.5</u>

C - Number of individual children found at routine medical examination to require treatment (excluding uncleanliness and dental disease)

(1) Group	(2) For defective vision (excluding squint)	(3) For all other conditions re-corded in table A	(4) Total
Prescribed groups:			
Entrants	145	305	416
Second age group	43	143	170
Third age group	<u>56</u>	<u>149</u>	<u>193</u>
Total (prescribed groups)	244	597	779
Other periodic examinations	12	14	25
	<u>256</u>	<u>611</u>	<u>804</u>

Return of defects treated during year ended 31st December 1965

Defective vision and squint (excluding minor eye defects treated as minor ailments)

<u>Defect or disease</u>	Number of cases treated
Errors of refraction (including squint)	1254
Total number of children for whom spectacles were prescribed	781

Treatment of defects of ear, nose and throat

<u>Defect or disease</u>	
Received operative treatment:	
(a) for diseases of ear	5
(b) for adenoids and chronic tonsilitis	372
(c) for other nose and throat conditions	34
Received other forms of treatment	<u>39</u>
Total	450

Uncleanliness and verminous conditions

1. Number of children found unclean	48
2. Number of individual pupils in respect of whom cleansing notices were issued	none
3. Number of individual pupils if respect of whom cleansing orders were issued	none

Handicapped pupils in special schools

Category	In special schools	Awaiting vacancies	Home tuition and tuition in hospitals	In hospital schools	Total	Dis-charged	New cases ascertained in 1965
a) Blind	8	1	-	-	9	2	1
b) Partially sighted	8	4	-	-	12	-	6
c) Deaf	7	-	-	-	7	-	2
d) Partially hearing	Residen- tial 5 Day PD unit 20	- 2	- -	- -	27	2	1
e) Educa- tionally sub- normal	Woodeaton Manor 65 Out County 48 Day spe- cial 22 Special classes 116	5 4 2 25	1 - - -	- - -	288	16	29
f) Epileptic	4	-	-	-	4	-	-
g) Mal- adjusted	Hostels 16 Schools 14 Day special 5	- 3 -	- - -	2	40	9	15
h) Physically handi- capped	Day 5 Board- ing 27	6	7	10	55	2	6
i) Speech	1	1	-	-	2	-	1
j) Delicate	Board- ing 9 Day 7	2 1	1	-	10	2	2

Handicapped pupils

Blind - One pupil was certified as blind. The authority has 8 pupils in residential schools for the blind.

Partially sighted - Six new cases have been reported and 2 pupils were admitted to special schools. 8 partially sighted pupils are now in special schools.

Deaf - Two new cases were assessed during the year. At the end of the year 7 pupils were receiving education in boarding schools for the deaf.

Partially hearing - One child was ascertained as partially deaf, and 5 are now receiving education in special schools. 20 children attended the partially deaf unit in schools in Oxford.

Delicate - Two new cases were reported and 3 admissions to special schools were arranged. At the end of the year 9 pupils were in attendance at special schools.

Physically handicapped - Six new cases were reported and 8 were admitted to special schools. At the end of the year 32 physically handicapped pupils were receiving special educational treatment.

Educationally subnormal - 29 children were assessed as requiring education in special schools; 22 were so placed. A total of 135 children are now in day or boarding schools.

Maladjusted - Six pupils were placed in hostels or boarding special schools. On 31st December 16 children were attending hostels and 14 were attending special boarding schools.

Epileptic - Four epileptic children are being educated at boarding schools.

Tuberculosis

Two cases of respiratory tuberculosis amongst school children were notified. The ages of the children affected were 7 and 13 years.

One private school was surveyed following the notification of a teacher. The remaining surveys were undertaken following the isolation of tubercle bacilli in the milk supply to the schools.

	Skin tested	Nega- tive	Positive		X-rays		
			Due to BCG vaccinations	Others	No lesion seen	Healed lesion	Requiring follow-up
4 primary schools ages 5-11 yrs	328	290	21	17	20	-	-
1 private school ages 5-11 yrs	43	40	1	2	2	-	-
1 secondary modern school ages 11-15 yrs	217	119	87	11	7	-	-
Totals	588	449	109	30	29	-	-

The staff and families of these schools were examined.

Skin tests			X-rays		
Negative	Positive	Positive due to BCG vaccination	No lesion seen	Healed lesion	Requiring follow-up
-	3	-	8	-	1

BCG vaccination

In the school year consent for Mantoux testing and vaccination was returned for 2742 children, which represents an acceptance rate of 86.9 percent. 323 children tested were Mantoux positive, a rate of 12.3 percent. The number vaccinated was 2210. Details are shown under the immunisation section.

Minor ailments

During the year 30 cases attended at the Banbury clinic.

Medical examination of teachers

Since 1st April 1952 all teachers entering the profession and all candidates entering training colleges must have a satisfactory medical examination. During 1965 46 teachers and 148 entrants to training colleges were examined.

Medical examination of children in part-time employment

Eighty-two school children who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to the health of the children.

AUDIOMETRY

At the beginning of the year it was decided to adopt the same procedure for the urban areas as had been followed in the rural areas. This meant that it would no longer be necessary to call parents to a clinic for a repeat hearing test, and that more time would be made available to carry out the programme for the routine testing throughout the County.

The audiometry service has been in progress now for over four years. In that time many children have been picked up with varying degrees of hearing loss. The majority of these children have received treatment and now enjoy normal hearing as a result of it. Others, unfortunately, have a type of deafness which may be permanent, or possibly a form of deafness which is of a progressive nature. Many of these children are followed up by the hearing therapists from the hospitals, but a great many with lesser degrees of loss are not followed up. Head teachers are informed of these cases as they occur. It now happens that during routine audiometry visits requests are continually made for these children to have another hearing test, especially those who are not making good progress scholastically. While this is a good thing in itself, it is of necessity a very time-absorbing factor both from the testing and the clerical point of view, as much time must be spent in searching records.

The six-year-old children who did not get a test in 1964 were seen early in 1965. This procedure, however, does have an accumulative effect in slowing up the programme for the ensuing year.

Accommodation has been difficult in a few schools. This is probably due to the increased school population making less suitable space available. It must be stressed that the school canteen is not a suitable place in which to carry out hearing tests. Head teachers have been most helpful and their continued cooperation is much appreciated, particularly those who have made their private house available for the session.

It will be seen by the following figures that more children were seen in 1965, in spite of fewer visits being made, than in 1964. This, it is felt, is a further reflection on the interest shown by head teachers, who from the beginning of the year were invited to refer (in addition to six-year-olds) children falling within any of the following categories:

1. Children whose hearing is suspected as being below normal.
2. Children who for no obvious reason are not making satisfactory progress in school.
3. Children with a significant speech defect, such as defective consonants or imperfect or incomplete word formation.
4. Children showing frank signs of emotional disturbance or maladjustment.

During the year 114 routine visits were made to the primary schools. A total of 3258 children received the initial hearing test. Follow-up tests were carried out at a suitable interval on those who failed, and from this group 181 (5% - 6%) were referred to the ear, nose, and throat consultants after agreement had been obtained from the general practitioners concerned. Another six children were referred direct to the general practitioners, while 111 were kept under observation by the audiometrician.

Each school with an educationally subnormal class was visited, also Woodeaton Manor School, and a total of 246 children were tested. From this number 13 (5.3%) were subsequently referred to the hospitals. One of these children was issued with a hearing aid and another was found to have a perceptive type of deafness, while nine other children received treatment for varying degrees of hearing loss.

The school medical officers, general practitioners, educational psychologists, speech therapists, health visitors, and head teachers referred 158 children who were suspected of being deaf. Out of this group 53 (33.5%) were referred to hospitals. It will be observed that the incidence of deafness among this group is six times higher than in school entrants. It would, therefore, appear logical that these children should receive priority over routine testing. If this is so, then it must follow that routine visits must be curtailed, as it is not possible to visit all the primary schools in the County and still satisfy the requests from specialist sources

In connection with the National Child Health Study, a further 65 full audiograms were completed during the summer months. The recommendations and details of the total number of 247 children referred to the consultant otolaryngologists are as follows:

Removal of tonsils and adenoids	43
Removal of adenoids	38
Removal of tonsils and adenoids and myringotomy	4
Removal of adenoids and myringotomy	15
Removal of adenoids and polypus	1
Removal of adenoids and eustachian catheterization	1
Myringotomy alone	15
Removal of tonsils alone	1
Politzerisation	1
Decongestant therapy	27
Removal of wax	16
No treatment	11
No treatment and review	23
Failed appointments	15
Left district before appointment	1
Waiting appointments	7
Hearing aids	15
Perceptive deafness (recommended to sit in front of class)	13
	<hr/>
	247
	<hr/>

SPEECH THERAPY

1965 has been a year of consolidation, the team of three speech therapists having now worked together for two and a half years.

Approval of the appointment of a fourth therapist in 1965 had been given by Committee the previous year, but despite regular advertising and interviewing of prospective candidates, a suitable applicant has not yet been found. The ability to drive, and the possession of a car, is a major problem in this connection.

The initial difficulties of becoming established in an area having been overcome, it has been possible this year for the three therapists to include more pre-school work in their programme than previously.

In other respects the policy of visiting homes and school has been continued as the most effective way of assessing each problem as a whole, and of maintaining contact with others in the field. Case discussions have been arranged with medical officers, members of the Child Guidance Department, health visitors, a home help organiser, and therapists from other authorities as required.

All three therapists attended a one-day conference arranged by the Association for Special Education, when the problems of adolescence were discussed. Another meeting sponsored by the same association was concerned with the needs of children with perceptual difficulties.

Further day-conferences were included in the year's part-time course on educational psychology undertaken and completed by one therapist.

An interesting and informative visit was made to Borocourt Hospital, where the generosity of the staff in arranging a most comprehensive survey of the variety and scope of the work undertaken was much appreciated.

A meeting with the hearing therapists at the Radcliffe Infirmary to discuss their work and equipment was also most useful. Other meetings held monthly at the Churchill Hospital have been regularly attended as in previous years, and continue to be stimulating and helpful.

The portable tape-recorders supplied to each therapist have proved satisfactory, and a most useful aid to therapy.

An arrangement made with the librarian of the Children's Mobile Library has also proved valuable. By courtesy of the librarian, books may be borrowed by the speech therapists for work purposes, thus making a far wider choice available than would otherwise be possible when keeping within a limited budget. This liaison is much appreciated by the speech therapists, as is the continued help of the county audiometrician. They are also as indebted as ever to the members of the staff of the schools visited for their unfailing interest and cooperation.

Speech therapy statistics for 1965

Children who received treatment during 1965	552
Admissions	169
Awaiting treatment	137
Discharges	131
Number of schools visited out of a total of 205	128

FAMILY AND CHILD GUIDANCE CLINIC

The Child Guidance Clinic has had another busy year and the numbers continue to increase. We have had several staff changes. Miss Markham retired in March 1965 and was succeeded by Mr Gibbons. Mrs Griffiths, psychiatric social worker, who was on a visit from Australia, left in December and has so far not been replaced. We find that the clinic at Henley has flourished considerably since the opening of the new building and look forward to the opening of the new clinics at Witney and Bicester.

Clinics are held at:

10 Worcester Street, Oxford (tel. Oxford 49169 & 47696)	Wednesday all day
The School Clinic, Garth Park, Bicester	Alternate Tuesday mornings
The School Clinic, Methodist Church Hall, Witney	Alternate Tuesday afternoons
The Health Clinic, York Road, Henley-on-Thames	Alternate Tuesdays all day
The Chestnuts, next to the War Memorial Hospital, Chipping Norton	Alternate Thursday mornings
The School Clinic, People's Park, Warwick Road, Banbury	Thursdays: one full day and one half day in each fortnight

Number of new referrals	198	Age range: 2 years 4 months-
Number of new referrals seen	116	17 years
Number of cases under treatment	319	

Disposal:

Number under supervision by psychiatrist	297
Number under supervision by psychiatric social worker	319

Number of cases closed	128
Number of court cases seen by psychiatrist	24
Number of children placed in residential schools and hostels	16
Number of sessions spent in liaison with other agencies	51

Cases referred Sources of referral	Behaviour problems	Nervous disorders	Habit disorders	Educational problems	Delinquent behaviour	Total
General practitioners	13	7	3	5	-	28
Schools	25	8	4	11	1	49
School social workers	12	5	1	13	-	31
Children's officer	6	5	2	-	-	13
Probation officers	-	2	-	1	9	12
Parents	10	6	2	5	-	23
Other agencies	19	10	2	10	1	42
Total	85	43	14	45	11	198

SCHOOL PSYCHOLOGICAL SERVICE

The end-of-term meetings between the remedial teachers, the primary school advisory teachers, the educational psychologists, and administrative staff, continue to be held and are of great value in enabling problems to be discussed and information to be shared.

The special class for ESN children of primary school age at St Edburg's School, Bicester, was unfortunately forced to close during the year because of the sudden resignation of the teacher in charge. It is hoped to re-start the class when opportunity offers. A new special class for ESN children was opened at the Henley Trinity Junior School after Christmas.

There was a 36% increase in the number of referrals to the school psychological service over 1964's figures, as will be seen from table 1. Table 2 shows an analysis of referrals to the school psychological service in terms of sex and school. Table 3 shows a breakdown of delinquents referred in terms of age. In addition to these cases, a total of 219 home and school visits were made by the two educational psychologists (one full-time and one part-time) and reports made on the various children concerned.

Table 1 School psychological service: cases referred 1965

Source of referral	Assessment	Behaviour difficulties	Slow progress	Habit disorders	Physical and sensory handicaps	Educational and vocational guidance	Delinquency	TOTALS
Head teachers	121	61	63	5	1	2	-	253
School medical officers	30	11	6	1	6	-	-	54
General practitioners	10	20	2	2	-	-	-	34
School social workers	7	19	4	2	-	-	-	32
Parents	8	10	-	4	1	4	-	27
Children's Dept.	13	11	-	-	-	-	-	24
Chief education officer	14	5	2	-	-	2	-	23
Remedial teachers	9	-	-	-	-	-	-	9
Advisory teachers	4	-	-	-	-	-	-	4
Speech therapists	6	2	1	-	-	-	-	9
Other agencies	30	7	1	1	-	-	-	39
Courts	-	-	-	-	-	-	168	168
TOTALS	252	146	79	15	8	8	168	676

Table 2 Non-court referrals

	Pre-school and primary	Secondary and further education	Totals
Boys	278	78	356
Girls	105	47	152
Totals	383	125	508

Table 3

	Primary (junior)	Secondary (senior)	Total
Court referrals (boys)	10	158	168

Enuresis (bed wetting)

There are 34 enurex machines on loan by the County Council, 33 to general practitioners and one to the child guidance department.

In 1965, 44 cases were reported by general practitioners. Twenty-seven cases were treated successfully; in 15 cases the treatment was unsuccessful; 2 cases left the district before treatment had been completed.

DENTAL REPORT

Mr T. Lucas, Principal School Dental Officer, reports as follows:

It is my pleasure to make my second annual report as your Principal Dental Officer.

In general, 1965 was a very encouraging year for the dental service. Mr J.A. Theakston commenced duties in January as a full-time senior dental officer in Banbury. Mr R.L. Batty commenced in September as full-time dental officer in Witney, and in December Mr G. Ogilvy was appointed to commence duties in February 1966 in a mobile clinic in West Oxfordshire, when we shall have a staff of 8.8 dental officers including myself. The calibre of the staff we are attracting to Oxfordshire is quite high. We did lose the services of Mrs Stolarow, who was unable to work in 1965 and who finally retired in December on medical grounds. Mrs Stolarow had been working for thirteen years under very trying conditions.

I was pleased that we were able to purchase two Gloster-type mobile clinics with the money that had been allocated for the purchase of one large Warwick Knight type. Apart from the fact that we obtained two clinics for the price of one, the smaller Glosters are more adaptable for use in rural areas and are less trouble in winter. This brings our total number of mobile clinics to five and this, together with the new staff appointments, will mean a more complete coverage for the whole County in 1966 and the use of portable equipment in school premises will be discontinued. The introduction of new staff and mobile clinics seems to be stimulating the consent rate (at Watlington, Icknield, the consent rate has nearly trebled) in those areas that were previously treated by portable equipment in odd corners of the school premises. This rise in the consent rate is difficult to estimate, but there are indications that its effect, together with the rise in school population, will be to make the case load in some areas too high to ensure annual inspections and one more mobile clinic will be needed in 1967.

The effect on parent and patient of the environment in which they are seen has been most marked at Witney Health Centre, which we occupied in December 1965. Here we designed a comparatively inexpensive, but very advanced surgery, dispensing with many of the gadgets that confront children in the conventional surgery, and this, together with the general first-class environment provided by the architect, has resulted in a complete change in the attitude of parents and children. The children are more relaxed and easy to treat and I am sure the parents have more respect for our staff at the centre. Both of these factors can only result in the more efficient use of our staff's time. To the other extreme, we must urgently do something to improve the surgery at Banbury in 1966. This is our busiest clinic and largest centre of population and we are continuing to practise dentistry in a surgery that everyone agrees is completely unsuitable in every respect for this practice.

Because I have indicated an expected rise in the consent rate, I do not want to underestimate the large degree of apathy that exists in a truly rural county such as this. About 40 per cent of the school population receives no dental treatment from any source, and when the statistics produced elsewhere are examined, it is important to realise that we do not normally offer treatment to those children that attend private dentists. Now that we have reasonable staff and improved conditions of treatment, I hope the teachers will do all they can to persuade all children to have dental treatment. The consent rate does vary from school to school, and class to class, with the interest taken by the teacher. The fact that such a large percentage of the population disregards the importance of dental health is a national problem, since the cost of correction and consequences of dental troubles has been estimated at over two hundred million pounds a year. The Ministry is now stressing very strongly the role local authorities should play in dental health education, since dental decay is a preventable disease. I think a more vigorous national lead is called for, and advertisers should not be allowed to extol the non-existent virtues

of sweet-eating without indicating the dangers. A manufacturer has recently proudly announced that we eat more sweets per head of population than any other country in the world. He would presumably have been less proud of the achievements of his trade if he was made to pay for the damage caused by sweets and confectionery, or if he had even considered how much these products are responsible for the appalling state of the children's teeth in this country.

We employed a dental hygienist for eight months, who visited over one hundred schools, talking to children and showing film strips. These small group discussions are very useful to bring the subject of dentistry into the daylight from the dark recesses where it lurks in most children's minds. We had a very successful stand at the Oxfordshire Show, a mobile cinema van from the oral hygiene service and an exhibition tent. We had a free supply of apples from the Fresh Fruit and Vegetable Council and were giving an apple and liquorice demonstration. Although we quartered the apples we used three crates by mid-day on the second day - at one time 35 heads were counted in a fifteen-foot square tent. We also had the General Dental Council's trailer exhibition van at the Thame Show.

The use of apples to clean the teeth and so reduce the decay rate has been well proved and it is disappointing that, although we have over 100 schools willing to sell apples to children at break time, no one seems able to cope with the administrative difficulties of ordering and distribution. We still have several schools that sell sweets in their tuck shops. Similarly, we find it impossible to include a slice of apple for the children to eat after school dinner, although the substance with which they finish the meal is nearly always decay-producing. If the per capita allowance is such that a slice of apple, even for eleven year olds, is impossible, then there would seem to be a good case for the Ministry to increase the allowance, as surely in schools a good example should follow a good precept and the latter is largely a waste of time without the former.

Another problem induced by the general apathy already mentioned is that of attendance during school holidays. As expected, we are experiencing a 90% failure rate in attendances for treatment during the school holidays; some days in the mobile clinics have produced no patients at all. I hope that teachers will stress to children the importance of keeping these appointments and ask them to at least inform us if they cannot attend. This situation, although demoralising at present, should improve somewhat, especially in our fixed clinics now that we are able to offer an improved and more regular service. In many areas we still have the old image of the school dentist to live down. There has been a remarkable change in the service over the past few years and I am not sure that everyone is aware of this change. There still exists a predominant notion that the school dentist is someone that the child briefly encounters after waiting in a queue to have its tooth out. This may have sufficed about twenty years ago, but the increase in dental decay is such that the treatment need and pattern has changed tremendously. It is not unusual to see a twelve-year-old with twelve or more decayed teeth, and the general rule is that several visits are necessary before treatment is completed. Nor is it possible these days to appoint a dental surgeon worthy of the name, who is willing to portray the old part of the school dentist. Nowadays a dental officer will quite rightly want clinical freedom to carry out in satisfactory conditions whatever treatment his professional judgment tells him is best for each individual child. 'The Individual Child Matters' may be borrowing someone else's slogan, but it sums up exactly the service I am trying to develop here. The general standard and volume of work for children completed by the general dental service dentists is generally very high, and if this were not so we should probably need about four times as many staff. Although they are giving comprehensive treatment to possibly about 30 per cent of the school population, it is important to realise that they only see the children who chose to come to them and routine dental inspections are very necessary if we are to correct the general apathy already mentioned.

In 1965 we managed to hook and examine one of the vast shoal of red herrings that abound in fluoridated water. Based somewhat obscurely on a paper written in 1942, it has been freely stated that severe dental fluorosis is common at Launton. Mr H.R.Rippon conducted a clinical survey of all the school-age children living at Launton and did not find one case of severe dental fluorosis.

Finally, in December, we were visited by Mr J.Potter, dental officer to the Department of Education and Science. I found this visit very stimulating and helpful and it is very encouraging to find the Ministry at last taking an intelligent interest in the local authority dental services. It is hoped to make these visits annually and they are one of the many good things that resulted from the work of the Parliamentary Estimates Committee.

PHYSIOTHERAPY

This has been an interesting year for the schools' physiotherapy service and it is pleasing to be able to report that the links with the Health Department have become even closer than before. The physiotherapists have very much appreciated the interest taken in their work by hospital consultants, general practitioners and school medical officers and gratefully acknowledge the cooperation of the health visitors and occupational therapists.

A meeting was arranged between Mr E.W.Somerville, the orthopaedic specialist, and the physiotherapists who cover the north of the County, and although unfortunately Miss Dunford and Miss Tudor Evans were unable to attend at the last moment because of illness, Miss Munns had a very valuable talk about the work in general and also about a few individual patients. On another occasion Miss Dunford and Miss Munns went to the Churchill Hospital to see Dr J.M.Black, the chest specialist, who refers a number of his patients to the schools' physiotherapy department for breathing exercise treatment.

In November Miss Munns gave a short talk to the general practitioner medical officers of Oxfordshire at their annual meeting about the work of the school physiotherapists, and in particular about their work in connection with children's feet. A film strip, 'Teenagers' Feet', which has been used in several schools, was shown, as well as some slides of children who were under treatment for flat feet. There were also a few slides of children with faulty posture. At this meeting there were two doctors from the Department of Education and Science, Dr Whitmore and Dr Simpson, who have been making a detailed study of the school health service in Oxfordshire. A few weeks previously Miss Munns had met Dr Simpson at the Health Department and given her an account of the schools' physiotherapy service provided by the Education Department.

Miss Munns had been able to see work in other areas of the County, in addition to her own, accompanying Miss Dunford, Miss Bouch and Miss Tudor Evans to some of their clinics. These visits provided a welcome opportunity for discussing various aspects of the work.

In March Miss Munns was approached by a newspaper reporter for information about an article on teenagers' feet and their choice of shoes. The article appeared both in the Oxford Mail and the Oxford Times and the physiotherapists hoped that this would provide good propaganda in their unceasing struggle for less damaging shoes to be worn by young people.

Parental cooperation is one of the key factors in the success of remedial exercise treatment, because without continuous practice at home there is very little chance of permanent improvement of defects. It is therefore most heartening to notice that 369 parents attended clinics during the year.

As in previous years, the treatment of asthmatic children has proved most rewarding and the parents concerned have been very grateful for the improvement of their children's health. It has been found that in most cases absence from school has been far less frequent and of much shorter duration than it was before treatment was started. The number of children in the County who attended clinics for asthma and other respiratory conditions during the year was 165. This figure has remained fairly constant over the past few years.

The total number of children referred for exercise treatment has not varied greatly for several years, but while those needing exercises for defects of the knees and feet has gradually increased, the number recommended for treatment for faulty posture has fallen.

The continued cooperation of head and class teachers has been very highly valued, and in schools where they have been able to give children reminders and encouragement they have helped, in no small measure, to consolidate the work of the physiotherapists.

Total number of children treated	1943
Faulty posture	336
Defects of feet and knees	1419
Respiratory conditions	165
More heavily handicapped children	23
Treatment refused	4
Discharged	378
Parents attending clinics	369

SCHOOL SWIMMING BATHS

There are now 27 swimming baths attached to schools and children's homes, an increase of seven over last year. A further seven baths are contemplated and are likely to be in use by 1966.

Routine bacteriological sampling of the water is carried out during the swimming season, together with chemical testing of the water at the swimming baths for determination of available chlorine. The results have shown the baths to be well managed.

